

**Fill in this information to identify the case:**Debtor name Precision Piping and Mechanical, Inc.United States Bankruptcy Court for the: Southern District of IndianaCase number (if known): 17-70785-BHL-7☐ Check if this is an amended filing

## Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B* .....\$ 0.001b. **Total personal property:**Copy line 91A from *Schedule A/B* .....\$ 3,870,882.551c. **Total of all property:**Copy line 92 from *Schedule A/B* .....\$ 3,870,882.55**Part 2: Summary of Liabilities**2. **Schedule D: Creditors Who Hold Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, at the bottom of page 1 of *Schedule D* .....\$ 3,223,107.663. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F* .....\$ 203,450.673b. **Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* .....+ \$ 2,178,105.554. **Total liabilities** .....

Lines 2 + 3a + 3b

\$ 5,604,663.88

**Fill in this information to identify the case:**Debtor name Precision Piping and Mechanical, Inc.United States Bankruptcy Court for the: Southern District of IndianaCase number (if known): 17-70785-BHL-7☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**

\$ 0.00

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. First Federal Savings BankChecking8 4 9 1

\$ 0.00

3.2. See Attachment 1

\$

See Attachment 2: Additional Checking, Savings, Money Market, or Financial Brokerage Accounts

**4. Other cash equivalents (Identify all)**

4.1. \$

4.2. \$

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 205,189.25

**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

**Current value of debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. \$

7.2. \$

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**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_

8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ \_\_\_\_\_

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: \$2,596,178.30 - \$0.00 = ..... → \$2,596,178.30  
face amount doubtful or uncollectible accounts11b. Over 90 days old: \$239,215.00 - \$1,766.00 = ..... → \$237,449.00  
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$2,833,627.30

**Part 4: Investments****13. Does the debtor own any investments?**☐ No. Go to Part 5.☒ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. Columbus Insurance, Ltd. 100 % \$ Unknown

15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$0.00

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**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5	Add lines 19 through 22. Copy the total to line 84.			\$ _____

**24. Is any of the property listed in Part 5 perishable?**

- ☐ No
- ☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____

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33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

34. **Is the debtor a member of an agricultural cooperative?**☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_36. **Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b>			
Office furniture and warehouse racks	\$ Unknown	FMV	\$ 140,000.00
40. <b>Office fixtures</b>			
	\$ _____	_____	\$ _____
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b>			
	\$ _____	_____	\$ _____
42. <b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 140,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

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**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 Vehicles	\$ Unknown	FMV	\$ 131,000.00
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
<b>49. Aircraft and accessories</b>			
49.1	\$		\$
49.2	\$		\$
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
See Attachment 3	\$		\$
See Attachment 4: Additional Machinery, Fixtures, and Equipment			
<b>51. Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			<b>\$631,000.00</b>

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
- ☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

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**Part 9: Real property****54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 Business premises-Oak Hill Rd.	Leasehold	\$ Unknown		\$ Unknown
55.2 Business premises-Harlan Ave.	Leasehold	\$ Unknown		\$ Unknown
55.3 Business premises-Upper Mt. Vernon Rd.	Leasehold	\$ Unknown		\$ Unknown
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0.00

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
- ☐ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

**Part 10: Intangibles and Intellectual Property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$		\$
61. Internet domain names and websites	\$		\$
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations	\$		\$
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$		\$

**66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

Jones Promissory Note

\$22,000.00

-

\$0.00

= →

\$22,000.00

Total face amount

doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
 Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
 Tax year \_\_\_\_\_ \$ \_\_\_\_\_

73. Interests in insurance policies or annuities

\_\_\_\_\_

\$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_

\$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_

\$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_

\$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

Marsh USA-refund of workers comp premium

\$39,066.00

\_\_\_\_\_

\$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$61,066.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No  
☐ Yes



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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 205,189.25	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 2,833,627.30	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment, and collectibles. Copy line 43, Part 7.	\$ 140,000.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 631,000.00	
88. Real property. Copy line 56, Part 9. . . . . →		\$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00	
90. All other assets. Copy line 78, Part 11.	+ \$ 61,066.00	
91. Total. Add lines 80 through 90 for each column. . . . . 91a.	\$ 3,870,882.55	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. . . . .		\$ 3,870,882.55

Attachment  
Debtor: Precision Piping and Mechanical, Inc.  
17-70785-BHL-7

Case No:

Attachment 1

GAB  
Checking  
1944  
205,183.29

Regions Bank  
Checking  
9453  
5.96

Attachment 2: Additional Checking, Savings, Money Market, or Financial Brokerage Accounts

Institution: Regions Bank  
Account Type: Checking  
Last 4 Digits of Account Number: 9453  
Value: \$5.96

Attachment 3

Misc. personal property  
Unknown  
Valuation  
500,000.00

JD excavator, loader backhoe and track loader  
Unknown  
Unknown  
Unknown

Attachment 4: Additional Machinery, Fixtures, and Equipment

Description: JD excavator, loader backhoe and track loader  
Book Value: Unknown  
Valuation method: Unknown  
Value: Unknown

## Fill in this information to identify the case:

Debtor name Precision Piping and Mechanical, Inc.  
 United States Bankruptcy Court for the: Southern District of Indiana  
 Case number (if known): 17-70785-BHL-7

☐ Check if this is an amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

## 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A  
Amount of claim  
Do not deduct the value of collateral.

Column B  
Value of collateral that supports this claim

<p><b>2.1</b> Creditor's name <u>Deere Credit, Inc.</u></p> <p>Creditor's mailing address <u>6400 N.W. 86th St.</u> <u>Johnston, IA 50131</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>2/6/15</u></p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.            _____</p>	<p>Describe debtor's property that is subject to a lien <u>JD CT319 Compact Track Loader, JD 135G Excavator and JD 310SK Loader Backhoe</u></p> <p>Describe the lien <u>UCC-1</u></p> <p>Is the creditor an insider or related party?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p><u>\$144,393.00</u></p>	<p><u>\$Unknown</u></p>
<p><b>2.2</b> Creditor's name <u>First Federal Savings Bank</u></p> <p>Creditor's mailing address <u>P.O. Box 1111</u> <u>Evansville, Indiana 47706</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>2/18/16</u></p> <p>Last 4 digits of account number <u>4 7 8 0</u></p> <p>Do multiple creditors have an interest in the same property?  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?  <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <u>1:First Federal Savings Bank ; 2:First See Attachment 1</u>  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien <u>Blanket security interest in all assets</u></p> <p>Describe the lien <u>UCC-1</u></p> <p>Is the creditor an insider or related party?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p><u>\$878,536.00</u></p>	<p><u>\$3,831,816.55</u></p>
<p>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</p>		<p><u>\$3,223,107.66</u></p>	

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.3	<b>Creditor's name</b> First Federal Savings Bank  <b>Creditor's mailing address</b> P.O. Box 1111 Evansville, Indiana 47706  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> 5/19/17 <b>Last 4 digits of account number</b> 5 6 2 1  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> Blanket security interest in all assets & AK Steel PO ending in 3939 Rockport Works  <b>Describe the lien</b> UCC-1  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$76,241.00 \$3,831,816.55
2.4	<b>Creditor's name</b> First Federal Savings Bank  <b>Creditor's mailing address</b> P.O. Box 1111 Evansville, Indiana 47706  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> 5/19/17 <b>Last 4 digits of account number</b> 5 6 3 9  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> Blanket security interest in all assets & AK Steel PO ending in 6884 Rockport Works  <b>Describe the lien</b> UCC-1  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$86,849.00 \$3,831,816.55

Part 1:

Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.5

Creditor's name

First Federal Savings Bank

Creditor's mailing address

P.O. Box 1111

Evansville, IN 47706

Creditor's email address, if known

Date debt was incurred

2/18/16

Last 4 digits of account number

4 7 9 8

Do multiple creditors have an interest in the same property?

No

Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is specified on lines 2.2

Describe debtor's property that is subject to a lien

Blanket security interest in all assets

\$865,416.56

\$3,831,816.55

Describe the lien

UCC-1

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent

Unliquidated

Disputed

2.6

Creditor's name

First Federal Savings Bank

Creditor's mailing address

P.O. Box 1111

Evansville, Indiana 47706

Creditor's email address, if known

Date debt was incurred

5/19/17

Last 4 digits of account number

5 6 4 7

Do multiple creditors have an interest in the same property?

No

Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is specified on lines

Describe debtor's property that is subject to a lien

Blanket security interest in all assets & AK Steel PO ending in 3940 Rockport Works

\$55,545.10

\$3,831,816.55

Describe the lien

UCC-1

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent

Unliquidated

Disputed

Official Form 206D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 3 of 6

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.7	<b>Creditor's name</b> First Federal Savings Bank  <b>Creditor's mailing address</b> P.O. Box 1111 Evansville, Indiana 47706  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> 5/3/17 <b>Last 4 digits of account number</b> 4 8 0 6  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.2	<b>Describe debtor's property that is subject to a lien</b> Blanket security interest in all assets \$980,889.00 \$3,831,816.55  <b>Describe the lien</b> UCC-1  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
2.8	<b>Creditor's name</b> The Hanover Insurance Group  <b>Creditor's mailing address</b> 440 Lincoln St. Worcester, MA 01653  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> 7/25/17 <b>Last 4 digits of account number</b> _____  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.2	<b>Describe debtor's property that is subject to a lien</b> Blanket security interest in all assets \$ Unknown \$ 3,831,816.55  <b>Describe the lien</b> UCC-1  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.9	<b>Creditor's name</b> U.S. Bank Equipment Finance	<b>Describe debtor's property that is subject to a lien</b> Copiers	\$ Unknown	\$ Unknown
	<b>Creditor's mailing address</b> 1310 Madrid St. Marshall, MN 56258			
	<b>Creditor's email address, if known</b> 	<b>Describe the lien</b> UCC-1		
	<b>Date debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.10	<b>Creditor's name</b> United Leasing, Inc.	<b>Describe debtor's property that is subject to a lien</b> Kimball office furniture and warehouse equipment	\$ 135,238.00	\$ 140,000.00
	<b>Creditor's mailing address</b> 3700 Morgan Ave. Evansville, IN 47715			
	<b>Creditor's email address, if known</b> 	<b>Describe the lien</b> UCC-1		
	<b>Date debt was incurred</b> 12/6/16 <b>Last 4 digits of account number</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor

Precision Piping and Mechanical, Inc.  
Name

Case number (if known) 17-70785-BHL-7

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Donald J. Fuchs, Esq. One Main St., Ste. 600 Evansville, Indiana 47708	Line 2. <u>3</u>	<u>5</u> <u>6</u> <u>2</u> <u>1</u>
Donald J. Fuchs, Esq. One Main St., Ste. 600 Evansville, Indiana 47708	Line 2. <u>4</u>	<u>5</u> <u>6</u> <u>3</u> <u>9</u>
Donald J. Fuchs, Esq. One Main St., Ste. 600 Evansville, Indiana 47708	Line 2. <u>5</u>	<u>4</u> <u>7</u> <u>9</u> <u>8</u>
Donald J. Fuchs, Esq. One Main St., Ste. 600 Evansville, Indiana 47708	Line 2. <u>6</u>	<u>5</u> <u>6</u> <u>4</u> <u>7</u>
Donald J. Fuchs, Esq. One Main St., Ste. 600 Evansville, Indiana 47708	Line 2. <u>7</u>	<u>4</u> <u>8</u> <u>0</u> <u>6</u>
Michael J. Weber, Esq. 227 W. Monroe St., Ste. 3850 Chicago, IL 60606	Line 2. <u>8</u>	___ ___ ___ ___
Fifth Third Bank, Agent P.O. Box 5089 Evansville, IN 47716	Line 2. <u>10</u>	___ ___ ___ ___
_____ _____ _____	Line 2. ___	___ ___ ___ ___
_____ _____ _____	Line 2. ___	___ ___ ___ ___
_____ _____ _____	Line 2. ___	___ ___ ___ ___
_____ _____ _____	Line 2. ___	___ ___ ___ ___
_____ _____ _____	Line 2. ___	___ ___ ___ ___
_____ _____ _____	Line 2. ___	___ ___ ___ ___



Attachment  
Debtor: Precision Piping and Mechanical, Inc. Case No:  
17-70785-BHL-7

Attachment 1

Federal Savings Bank ; 3:The Hanover Insurance Group; 4:First Federal Savings Bank

**Fill in this information to identify the case:**

Debtor Precision Piping and Mechanical, Inc.

United States Bankruptcy Court for the: Southern District of Indiana

Case number 17-70785-BHL-7  
(If known)

☐ Check if this is an amended filing

**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

**2.1** Priority creditor's name and mailing address

Apprentice & Training Fund Office  
P.O. Box 1179  
Henderson, KY 42419-1179

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

Total claim

\$109.20

Priority amount

\$109.20

**2.2** Priority creditor's name and mailing address

C.I.A.P.I.  
P.O. box 1587  
Terre Haute, IN 47808

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$94.79

\$94.79

**2.3** Priority creditor's name and mailing address

CAP of Central Indiana  
P.O. Box 2488  
Indianapolis, IN 46206-2488

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$16.31

\$16.31

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.4** Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

See 1 in Addendum

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.5** Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.6** Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.7** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.8 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Electrical Worker Vacation

Old National Bank, P.O. Box 3606

Evansville, IN 47735-3606

Date or dates debt was incurred

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

2.9 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

EPIC Trust Fund

IBEW #16, 9001 N. Kentucky Ave.

Evansville, IN 47725

Date or dates debt was incurred

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

2.10 Priority creditor's name and mailing address

\$ 563.13

\$ 563.13

Green River Area Federal

Vacation - Savings, 3000 E. 4th St.

Owensboro, KY 42393

Date or dates debt was incurred

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

2.11 Priority creditor's name and mailing address

\$ 1,344.00

\$ 1,344.00

Health & Welfare Fund

P.O. Box 1179

Henderson, KY 42419-1179

Date or dates debt was incurred

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.12 Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

See 2 in Addendum

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2.13 Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2.14 Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2.15 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.16** Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

See 3 in Addendum

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.17** Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.18** Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.19** Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.20** Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

See 4 in Addendum

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.21** Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.22** Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.23** Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.24 Priority creditor's name and mailing address \$ 259.33 \$ 259.33

IUOE Local #841  
P.O. Box 2157  
Terre Haute, IN 47802

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.25 Priority creditor's name and mailing address \$ 23.30 \$ 23.30

IUOE Local #841 PAC  
P.O. Box 2157  
Terre Haute, IN 47802

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.26 Priority creditor's name and mailing address \$ 233.00 \$ 233.00

IUOE Local 841 Apprentice & Training  
P.O. Box 146  
Universal, IN 47884

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.27 Priority creditor's name and mailing address \$ 792.20 \$ 792.20

IUOE Local 841 Savings  
Qualified Savings Plan, P.O. Box 10185  
Terre Haute, IN 47801

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes



**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.28 Priority creditor's name and mailing address \$ 758.41 \$ 758.41

IW Local 103  
c/o Diamond Valley FCU, 840 Diamond Ave.  
Evansville, IN 47711

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.29 Priority creditor's name and mailing address \$ 82.46 \$ 82.46

JATC Building Fund  
2911 W. Parrish Ave.  
Owensboro, KY 42301

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.30 Priority creditor's name and mailing address \$ Unknown \$ Unknown

JATC Trust Fund  
Electrical JATC, 1321 Edgar St.  
Evansville, IN 47710

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.31 Priority creditor's name and mailing address \$ 1,771.44 \$ 1,771.44

Kentucky Laborers Health & Welfare Fund  
Contributions/Dues, 1996 Bypass S.  
Lawrenceburg, KY 40342

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.32 Priority creditor's name and mailing address \$ Unknown \$ Unknown

Kentucky State Treasurer

Kentucky Dept. of Revenue

Frankfort, KY 40620-0003

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Taxes and Other Government Debts

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.33 Priority creditor's name and mailing address \$ 780.45 \$ 780.45

Laborer's National Pension Fund LB-1392

P.O. Box 803415

Dallas, TX 75380

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.34 Priority creditor's name and mailing address \$ 7.65 \$ 7.65

LIUNA Local 561 PAC

951 North Park Dr.

Evansville, IN 47710

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.35 Priority creditor's name and mailing address \$ 1,678.31 \$ 1,678.31

LO #136/MCA Joint Apprentice Training Fund

4301 N. St. Joseph Ave.

Evansville, IN 47720

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.36 Priority creditor's name and mailing address \$ Unknown \$ Unknown

Local #16 IBEW  
Business Manager, 9001 N. Kentucky Ave.  
Evansville, IN 47711

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.37 Priority creditor's name and mailing address \$ 600.29 \$ 600.29

Local #633 Education Fund  
3128 Alvey Park Dr. W.  
Owensboro, KY 42303

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.38 Priority creditor's name and mailing address \$ 185.15 \$ 185.15

Local 181  
Fund Office, P.O. Box 1179  
Henderson, KY 42419

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.39 Priority creditor's name and mailing address \$ Unknown \$ Unknown

Local 572 Working Assessment  
225 Ben Allen Rd., Ste. 102  
Nashville, TN 37207

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.40 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Local LMCC

5675 E. Hulman Dr.

Terre Haute, IN 47803

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.41 Priority creditor's name and mailing address

\$ 42.26

\$ 42.26

Local Union 1701 LMCC

2911 W. Parrish Ave.

Owensboro, KY 42301

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.42 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

LU 275 Supplemental Pension Fund

c/o Health Scope Benefits, P.O. Box 50440

Indianapolis, IN 46250-0440

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.43 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

LU 572 Apprenticeship Fund

225 Bemnn allen Rd., Ste. 102

Nashville, TN 37207

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.44 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

LU 572 Promotional Fund

225 Ben Allen Rd., Ste. 102

Nashville, TN 37207

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.45 Priority creditor's name and mailing address

\$ 3,716.35

\$ 3,716.35

Mid Central Operating Engineers

Fringe Benefit Funds, P.O. Box 9605

Terre Haute, IN 47808-9605

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.46 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

National Cert. Pipe Weld Bur

P.O. Box 20425

Indianapolis, IN 46220

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.47 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

National Electrical Benefit FU

c/o NECA, 8900 Keystone Crossing, Ste. 1000

Indianapolis, IN 46204

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.48 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

National LMCC

c/o NECA, 8900 Keystone Crossing, Ste. 1000

Indianapolis, IN 46240

Date or dates debt was incurred

Last 4 digits of account  
number

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.49 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

Natl Board of Boiler and Pressure

Vessel Inspectors, 1055 Crupper Ave.

Columbus, OH 43229-1183

Date or dates debt was incurred

Last 4 digits of account  
number

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.50 Priority creditor's name and mailing address

\$ Unknown

\$ Unknown

NECA - IBEW Pension Fund

2120 Hubbard Ave.

Decatur, IL 62526

Date or dates debt was incurred

Last 4 digits of account  
number

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.51 Priority creditor's name and mailing address

\$ 63.35

\$ 63.35

NECA Benefits Board No. 21

Southern Indiana Chapter, P.O. Box 3075

Evansville, IN 47730-3075

Date or dates debt was incurred

Last 4 digits of account  
number

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.52 Priority creditor's name and mailing address \$ 3,237.98 \$ 3,237.98

NECA IBEW Local 1701  
Pension Trust Benefit, P.O. Box 3895  
Evansville, IN 47737-3895

Date or dates debt was incurred

Last 4 digits of account  
number

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.53 Priority creditor's name and mailing address \$ 3,016.30 \$ 3,016.30

NECA-IBEW Welfare Trust  
2120 Hubbard Ave.  
Decatur, IL 625262899

Date or dates debt was incurred

Last 4 digits of account  
number

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.54 Priority creditor's name and mailing address \$ 17,792.24 \$ 17,792.24

Pipe Trades Industry Health & Welfare Plan  
P.O. Box 3040  
Terre Haute, IN 47803

Date or dates debt was incurred

Last 4 digits of account  
number

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.55 Priority creditor's name and mailing address \$ 2,045.62 \$ 2,045.62

Pipefitters Local 633  
3128 Alvey Park Dr. W.  
Owensboro, KY 42303

Date or dates debt was incurred

Last 4 digits of account  
number

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.56** Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

See 5 in Addendum

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.57** Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.58** Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.59** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)



**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.60 Priority creditor's name and mailing address \$ 6,911.28 \$ 6,911.28

Plumbers and Steamfitters Local 633  
 2628 Solution Center  
 Chicago, IL 60677-2006

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.61 Priority creditor's name and mailing address \$ 13,505.93 \$ 13,505.93

PPNPF Contribution Fund  
 P.O. Box 79972  
 Baltimore, MD 21279-0972

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.62 Priority creditor's name and mailing address \$ 1,725.06 \$ 1,725.06

SIDC of Work Assess  
 Laborers Work Dues, P.O. Box 1587  
 Terre Haute, IN 47808

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.63 Priority creditor's name and mailing address \$ 52.08 \$ 52.08

Southern Indiana Chapter NECA  
 P.O. Box 3075  
 Evansville, IN 47730-3075

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.64 Priority creditor's name and mailing address

\$ 989.22

\$ 989.22

Southern Indiana Employee Benefits

NEBF, P.O. Box 3075

Evansville, IN 47730-3075

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.65 Priority creditor's name and mailing address

\$ 157.74

\$ 157.74

SWIBT Drug Fund

P.O. Box 1221

Evansville, IN 47706

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.66 Priority creditor's name and mailing address

\$ 8,481.00

\$ 8,481.00

UA LU 136 Multi-Employer Pension

Attn: Josh Davies, P.O. Box 11010

Evansville, IN 47701

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.67 Priority creditor's name and mailing address

\$ 7,610.81

\$ 7,610.81

UA LU 633 Health and Welfare Trust

P.O. Box 643348

Cincinnati, OH 45264-3348

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.68 Priority creditor's name and mailing address \$ Unknown \$ Unknown

UAPEF/Local 184 PAC Fund  
 Banterra BAnk, P.O. Box 7746  
 Paducah, KY 42002-7746

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.69 Priority creditor's name and mailing address \$ Unknown \$ Unknown

Union Dues/MRF  
 225 Ben Allen Rd., Ste. 102  
 Nashville, TN 37207

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 5 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Contrib. to Emp. Benefit Plans

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.70 Priority creditor's name and mailing address \$ \$

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No  
☐ Yes

2.71 Priority creditor's name and mailing address \$ \$

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No  
☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	<b>Nonpriority creditor's name and mailing address</b> A & T Concrete Supply, Inc. P.O. Box 23 Fort Branch, IN 47648  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 658.05
3.2	<b>Nonpriority creditor's name and mailing address</b> A1 Septic, Inc. P.O. Box 2088 Henderson, KY 42419-2088  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 200.00
3.3	<b>Nonpriority creditor's name and mailing address</b> ABC Cutting Contractors, Inc. 5230 Commerce Circle Indianapolis, IN 46237  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,122.00
3.4	<b>Nonpriority creditor's name and mailing address</b> Active Energy Services, LLC 4705 Chapel Hill Rd. Southside, TN 37171  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 250.00
3.5	<b>Nonpriority creditor's name and mailing address</b> Advance Auto Parts P.O. Box 742063 Atlanta, GA 30374-2063  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 21.50
3.6	<b>Nonpriority creditor's name and mailing address</b> Advanced Disposal Services P.O. Box 74008047 Chicago, IL 60674-8047  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<b>3.7</b> Nonpriority creditor's name and mailing address <u>Air Equipment Company</u>  <u>P.O. Box 3185</u> <u>Louisville, KY 40201</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Any liability</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Unknown</u>
<b>3.8</b> Nonpriority creditor's name and mailing address <u>Airgas Evansville</u>  <u>3879 N. St. Joseph Ave.</u> <u>Evansville, IN 47720</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>19,670.08</u>
<b>3.9</b> Nonpriority creditor's name and mailing address <u>Allied Steel Buildings</u>  <u>6451 N. Federal Hwy., Ste. 1202</u> <u>Fort Lauderdale, FL 33308</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Any liability</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Unknown</u>
<b>3.10</b> Nonpriority creditor's name and mailing address <u>Alt &amp; Witzig Engineering</u>  <u>4105 W. 99th St.</u> <u>Carmel, IN 46032</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>300.00</u>
<b>3.11</b> Nonpriority creditor's name and mailing address <u>Altstadt Plumbing Service, Inc.</u>  <u>P.O. Box 6422</u> <u>Evansville, IN 47719-0422</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,966.60</u>

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Amount of claim

3.12	<b>Nonpriority creditor's name and mailing address</b> American Heritage Life Insurance Co.  P.O. Box 650514 Dallas, TX 75265-0514  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Unknown</u>
3.13	<b>Nonpriority creditor's name and mailing address</b> Apex Masonry, Inc.  6515 E. State Road 42 Terre Haute, IN 47803  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>8,488.50</u>
3.14	<b>Nonpriority creditor's name and mailing address</b> Aramark Uniform Services  1112 Florence St. Evansville, IN 47710  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>439.00</u>
3.15	<b>Nonpriority creditor's name and mailing address</b> Architectural Sales  P.O. Box 965 Evansville, IN 47706  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Any liability</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Unknown</u>
3.16	<b>Nonpriority creditor's name and mailing address</b> Auto Glass Specialties, Inc.  1922 W. Delaware St. Evansville, IN 47712  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>100.00</u>

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Amount of claim

3.17	<b>Nonpriority creditor's name and mailing address</b> Auto Wheel & Rim Co.  P.O. Box 4220 Evansville, IN 47724  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5.97
3.18	<b>Nonpriority creditor's name and mailing address</b> Automated Building Concepts  P.O. Box 3372 Paducah, KY 42002-3372  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,615.00
3.19	<b>Nonpriority creditor's name and mailing address</b> B. L. Anderson Company, Inc.  4801 Tazer Dr. Lafayette, IN 47905  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 123,580.00
3.20	<b>Nonpriority creditor's name and mailing address</b> BBC Pumps & Equipment Co., Inc.  P.O. Box 22098 Indianapolis, IN 46222  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 8,630.00
3.21	<b>Nonpriority creditor's name and mailing address</b> Brian's Concrete Supplies  P.O. Box 6892 Evansville, IN 47719  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,241.53

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Amount of claim

3.22	<b>Nonpriority creditor's name and mailing address</b> Capital Electric, Inc.  315 S. Tekoppel Ave. Evansville, IN 47712  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> Mechanic's liens 7/28/17 and open accounts  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 304,318.05
3.23	<b>Nonpriority creditor's name and mailing address</b> Capitol Drilling & Sawing of Kentucky  4700 Bardstown Rd. Elizabethtown, KY 42701  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Open account  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,225.00
3.24	<b>Nonpriority creditor's name and mailing address</b> Cash Waggner & Associates  402 E. 13th St., Ste. 101 Jasper, IN 47546  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Open account  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 250.00
3.25	<b>Nonpriority creditor's name and mailing address</b> Castlen Steel, LLC  7549 Iceland Rd. Maceo, KY 42355  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Open account  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,892.50
3.26	<b>Nonpriority creditor's name and mailing address</b> CED Superior/Evans Supply  P.O. Box 221229 Louisville, KY 40252-1229  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Open account  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 12,012.07



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Amount of claim

3.27	<b>Nonpriority creditor's name and mailing address</b> <u>Center Heights Lumber Co., Inc.</u>  <u>5812 Stringtown Rd.</u> <u>Evansville, IN 47711</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>2,423.33</u>
3.28	<b>Nonpriority creditor's name and mailing address</b> <u>Ceres Solutions</u>  <u>P.O. Box 432</u> <u>Crawfordsville, IN 47933-0432</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>308.94</u>
3.29	<b>Nonpriority creditor's name and mailing address</b> <u>Cintas</u>  <u>P.O. Box 630921</u> <u>Cincinnati, OH 45263-0921</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>90.79</u>
3.30	<b>Nonpriority creditor's name and mailing address</b> <u>City of LaVergne</u>  <u>5093 Murfreesboro Rd.</u> <u>LaVergne, TN 37086</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Any liability</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Unknown</u>
3.31	<b>Nonpriority creditor's name and mailing address</b> <u>Complete Payment Recovery Services, Inc.</u>  <u>3500 5th St.</u> <u>Northport, AL 35476</u>  <b>Date or dates debt was incurred</b> <u>7/28/18</u> <b>Last 4 digits of account number</b> <u>8 5 7 7</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Collection agent - payroll check</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>138.84</u>

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Amount of claim

3.32	<b>Nonpriority creditor's name and mailing address</b> Complete Payment Recovery Services, Inc.  3500 5th St. Northport, AL 435476  Date or dates debt was incurred <u>7/28/17</u> Last 4 digits of account number <u>8 6 5 9</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Collection agent - payroll</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 163.35
3.33	<b>Nonpriority creditor's name and mailing address</b> Contractor's Choice, Inc.  2070 Schappelle Ln. Cincinnati, OH 45240  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 385.20
3.34	<b>Nonpriority creditor's name and mailing address</b> Cornerstone Boring  2950 Little Cypress Rd. Calvert City, KY 42029  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,630.42
3.35	<b>Nonpriority creditor's name and mailing address</b> D Patrick Body Shop  7813 Baungart Rd. 47725, IN  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 696.69
3.36	<b>Nonpriority creditor's name and mailing address</b> David Enterprises, Inc.  4301 Hogue Rd. Evansville, IN 47712  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,970.70

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Amount of claim

3.37	<b>Nonpriority creditor's name and mailing address</b> <u>Dr. Vinyl of S.W. Indiana</u>  <u>8200 Sharon Rd.</u> <u>Newburgh, IN 47630</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>1 7 0 5</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 204.00
3.38	<b>Nonpriority creditor's name and mailing address</b> <u>EBN Construction &amp; Industrial Supplies</u>  <u>1701 E. Columbia St.</u> <u>Evansville, IN 47711</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,412.43
3.39	<b>Nonpriority creditor's name and mailing address</b> <u>Edwards Concrete Construction &amp; Pumping</u>  <u>1550 Yokel Rd.</u> <u>Evansville, IN 47711</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 8,400.00
3.40	<b>Nonpriority creditor's name and mailing address</b> <u>Engineered Air</u>  <u>32050 W. 83rd St.</u> <u>Desoto, KS 66018</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Any liability</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.41	<b>Nonpriority creditor's name and mailing address</b> <u>Enterprise Fleet Management, Inc.</u>  <u>600 Corporate Park Dr.</u> <u>St. Louis, MO 63105</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lease of vehicles</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 379,000.00

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Amount of claim

3.42	<b>Nonpriority creditor's name and mailing address</b> <u>Erb Equipment Company</u>  <u>9800 Indiana 57</u> <u>Evansville, IN 47725</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>1 8 7 0</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 930.50
3.43	<b>Nonpriority creditor's name and mailing address</b> <u>Erosion Resources &amp; Supply</u>  <u>900 N. Baker Rd.</u> <u>Boonville, IN 47601</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,070.00
3.44	<b>Nonpriority creditor's name and mailing address</b> <u>Evansville Water &amp; Sewer Utility</u>  <u>1 N.W. Martin Luther King Jr. Blvd., Rm. 104</u> <u>Evansville, IN 47708</u>  <b>Date or dates debt was incurred</b> <u>8/2/16</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Olive Street Waterline project</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.45	<b>Nonpriority creditor's name and mailing address</b> <u>Evapar</u>  <u>9000 N. Kentucky Ave.</u> <u>Evansville, IN 47725-1396</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 34,973.00
3.46	<b>Nonpriority creditor's name and mailing address</b> <u>Evapco, Inc.</u>  <u>5151 Allendale Ln.</u> <u>Taneytown, MD 21787</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Any liability</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown

**Part 2: Additional Page**

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Amount of claim

3.47	<b>Nonpriority creditor's name and mailing address</b> Evolve Technology Partners  5444 E. Indiana St. #322 Evansville, IN 47715  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,000.00
3.48	<b>Nonpriority creditor's name and mailing address</b> Fastenal Company  P.O. Box 978 Winona, MN 55987  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 221.21
3.49	<b>Nonpriority creditor's name and mailing address</b> Ferguson Enterprises, Inc. #20  Atlanta, GA 30384-0286  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 38,181.37
3.50	<b>Nonpriority creditor's name and mailing address</b> Fiberglass Fabricators, Inc.  P.O. Box 17068 Smithfield, RI 02917  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Any liability</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.51	<b>Nonpriority creditor's name and mailing address</b> First Bankcard  c/o First Natl. Bank of Omaha P.O. Box 2340 Omaha, NE 68103Any liability  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Any liability</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown

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Amount of claim

3.52	<b>Nonpriority creditor's name and mailing address</b> Forterra  200 42nd Ave. N. Nashville, TN 37209  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,665.70
3.53	<b>Nonpriority creditor's name and mailing address</b> Frontier  P.O. Box 20550 Rochester, KY 14602-0550  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.54	<b>Nonpriority creditor's name and mailing address</b> G.T. Repairs  6920 Staubs Ln. Evansville, IN 47720  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,041.95
3.55	<b>Nonpriority creditor's name and mailing address</b> Galloway Electric Supply  1414 S. Green St. Henderson, KY 42420  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 47.88
3.56	<b>Nonpriority creditor's name and mailing address</b> General Rentals Corp.  400 N. Congress Ave. Evansville, IN 47715  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,738.73

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Amount of claim

3.57	<b>Nonpriority creditor's name and mailing address</b> <u>General Rubber &amp; Plastics Co.</u>  <u>P.O. Box 4510 Station A</u> <u>Evansville, IN 47711</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,256.78
3.58	<b>Nonpriority creditor's name and mailing address</b> <u>Gibbs Die Casting</u>  <u>369 Community Dr.</u> <u>Henderson, KY 42420</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Any liability PPMI subcontract with Trifecta Steel</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.59	<b>Nonpriority creditor's name and mailing address</b> <u>Goedecke Company</u>  <u>812 E. Taylor Ave.</u> <u>St. Louis, MO 63147</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,143.78
3.60	<b>Nonpriority creditor's name and mailing address</b> <u>Graber Crane Service</u>  <u>151 N. 350 E.</u> <u>Washington, IN 47501</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,825.00
3.61	<b>Nonpriority creditor's name and mailing address</b> <u>Graybar</u>  <u>P.O. Box 504490</u> <u>St. Louis, MO 63150-4490</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 63,092.13

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Amount of claim

3.62	<b>Nonpriority creditor's name and mailing address</b> Gribbins Insulation Company  1400 E. Columbia St. Evansville, IN 47711  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,795.00
3.63	<b>Nonpriority creditor's name and mailing address</b> Hamlin Rental  6010 E. Maxwell Ave. Evansville, IN 47715  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 25,464.92
3.64	<b>Nonpriority creditor's name and mailing address</b> Hamricks Towing & Recovery  1277 Maxwell Ave. Evansville, IN 47711  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 8,805.00
3.65	<b>Nonpriority creditor's name and mailing address</b> Hannan Supply Company  P.O. Box 270 Paducah, KY 42002-0270  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 47,410.72
3.66	<b>Nonpriority creditor's name and mailing address</b> Harding Shymanski & Co.  P.O. Box 3677 Evansville, IN 47735-3677  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 765.00



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Amount of claim

3.67	<b>Nonpriority creditor's name and mailing address</b> Hardy Brake & Electric company  P.O. Box 6441 Station B Evansville, IN 47710  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 132.98
3.68	<b>Nonpriority creditor's name and mailing address</b> Hazelwood Towing & Recovery  2621 Sunset Ln. Henderson, KY 42420  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 450.00
3.69	<b>Nonpriority creditor's name and mailing address</b> Henderson County Board of Education  1805 Second St. Henderson, KY 42420  Date or dates debt was incurred <u>10/24/16</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>See Attachment 6</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.70	<b>Nonpriority creditor's name and mailing address</b> Henderson County Board of Education  1805 Second St. Henderson, KY 42420  Date or dates debt was incurred <u>10/24/16</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Spottsville Elementary School Project/Electrical</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.71	<b>Nonpriority creditor's name and mailing address</b> Henderson County Board of Education  1805 Second St. Henderson, KY 42420  Date or dates debt was incurred <u>10/24/16</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>See Attachment 7</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown

**Part 2: Additional Page**

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Amount of claim

3.72	<b>Nonpriority creditor's name and mailing address</b> <u>Hi-Tech Sheet Metal, Inc.</u>  <u>115 W. Jefferson Ave.</u> <u>Chandler, IN 47610</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 124,028.00
3.73	<b>Nonpriority creditor's name and mailing address</b> <u>Hobbs &amp; Associates, Inc.</u>  <u>P.O. Box 12909</u> <u>Norfolk, VA 23541</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,913.32
3.74	<b>Nonpriority creditor's name and mailing address</b> <u>Home City Ice Company</u>  <u>P.O. Box 111116</u> <u>Cincinnati, OH 45211</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 395.00
3.75	<b>Nonpriority creditor's name and mailing address</b> <u>Hydromax USA, LLC</u>  <u>P.O. Box 70</u> <u>Chandler, IN 47610</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 57.00
3.76	<b>Nonpriority creditor's name and mailing address</b> <u>Illini Drilled Foundations, Inc.</u>  <u>P.O. Box 1351</u> <u>Danville, IL 61834</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 11,000.00

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Amount of claim

3.77	<b>Nonpriority creditor's name and mailing address</b> Imperial Fastener & Industrial Supply  2145 Bergdolt Rd. Evansville, IN 47711  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 20,430.89
3.78	<b>Nonpriority creditor's name and mailing address</b> Indiana Gratings, Inc.  P.O. Box 1762 Martinsville, IN 46151  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 8,910.00
3.79	<b>Nonpriority creditor's name and mailing address</b> Indianapolis Stage Sales & Rentals  905 Massachusetts Ave. Indianapolis, IN 46202  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,302.50
3.80	<b>Nonpriority creditor's name and mailing address</b> Infrastructure Systems, Inc.  P.O. Box 148 Orleans, IN 47452  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,090.00
3.81	<b>Nonpriority creditor's name and mailing address</b> Irving Materials, Inc. Louisville  1440 Selinda Ave. Louisville, KY 40213-1954  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 63,965.04

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Amount of claim

3.82	<b>Nonpriority creditor's name and mailing address</b> <u>J &amp; J Supply, Inc.</u>  <u>900 N. Baker Rd.</u> <u>Boonville, IN 47601</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 111.25
3.83	<b>Nonpriority creditor's name and mailing address</b> <u>J. I. Hass Co., Inc.</u>  <u>P.O. Box 1635</u> <u>Owensboro, KY 42302-1635</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,367.00
3.84	<b>Nonpriority creditor's name and mailing address</b> <u>J. Murray Blue Surplus</u>  <u>1600 S. Green St.</u> <u>Henderson, KY 42420</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 118.72
3.85	<b>Nonpriority creditor's name and mailing address</b> <u>Jones and Sons, Inc.</u>  <u>P.O. Box 2357</u> <u>Washington, IN 47501</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,385.39
3.86	<b>Nonpriority creditor's name and mailing address</b> <u>JS Electric, LLC</u>  <u>P.O. Box 304</u> <u>Clarksville, TN 37041</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,042.50

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Amount of claim

3.87	<b>Nonpriority creditor's name and mailing address</b> Kahn, Dees, Donovan & Kahn, LLP  P.O. Box 3646 Evansville, Indiana 47735-3646  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.88	<b>Nonpriority creditor's name and mailing address</b> Kight Home Center  P.O. Box 5085 Evansville, IN 47716-5085  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 211.42
3.89	<b>Nonpriority creditor's name and mailing address</b> King Mechanical Specialty  P.O. Box 67 Newburgh, IN 47629-0067  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 276.08
3.90	<b>Nonpriority creditor's name and mailing address</b> Kip A. Staub Co., LLC  6001 Petersburg Rd. Evansville, IN 47711-1819  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,117.00
3.91	<b>Nonpriority creditor's name and mailing address</b> Kirby Risk Corporation  27561 Network Place Chicago, IL 60673-1275  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 30.90

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Amount of claim

3.92	<b>Nonpriority creditor's name and mailing address</b> KM Specialty Pumps, Inc.  P.O. Box 99 Chandler, IN 47610  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 6,952.86
3.93	<b>Nonpriority creditor's name and mailing address</b> Konecranes, Inc.  P.O. Box 641807 Pittsburgh, PA 15264-1807  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,500.30
3.94	<b>Nonpriority creditor's name and mailing address</b> Koorsen Fire & Security  4725 Hitch Peters Rd. Evansville, IN 47711  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 766.53
3.95	<b>Nonpriority creditor's name and mailing address</b> Lehman Roofing  2005 Allens Ln. Evansville, IN 47720  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,076.20
3.96	<b>Nonpriority creditor's name and mailing address</b> Lensing Building Specialties  P.O. Box 965 Evansville, IN 47706  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 160.00

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Amount of claim

3.97	<b>Nonpriority creditor's name and mailing address</b> <u>Lensing Tool &amp; Supply</u>  <u>P.O. Box 3049</u> <u>Evansville, IN 47730</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,269.63
3.98	<b>Nonpriority creditor's name and mailing address</b> <u>Lin-Gas, Inc.</u>  <u>P.O. Box 237</u> <u>Evansville, IN 47702-0237</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 757.67
3.99	<b>Nonpriority creditor's name and mailing address</b> <u>Lochmueller Group</u>  <u>6200 Vogel Rd.</u> <u>Evansville, IN 47715</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 80.31
3.100	<b>Nonpriority creditor's name and mailing address</b> <u>Lockwood International, Inc.</u>  <u>10203 Wallisville Rd.</u> <u>Houston, TX 77013</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Any liability</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.101	<b>Nonpriority creditor's name and mailing address</b> <u>Lowe's Customer Care</u>  <u>P.O. Box 1111</u> <u>North Wilkesboro, North Carolina 28656</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 671.88

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Amount of claim

3.102	Nonpriority creditor's name and mailing address Ludwig Crane Service  7840 Three School Rd. Evansville, IN 47720  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,200.00
3.103	Nonpriority creditor's name and mailing address M & M Manufacturing, Inc.  4001 Mark IV Pkwy. Fort Worth, TX 76106  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Any liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.104	Nonpriority creditor's name and mailing address M.I.A.P., Inc.  P.O. Box 210 Mt. Vernon, IN 47620  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 19.16
3.105	Nonpriority creditor's name and mailing address MacAllister Rental & Supply  Dept. 78731 P.O. Box 78000 Detroit, MI 48278-0731  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 14,295.57
3.106	Nonpriority creditor's name and mailing address Marsh USA, Inc.  Chase Tower 111 Monument Circle, 43rd Fl. Indianapolis, IN 46204  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Any liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown



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Amount of claim

3.107	Nonpriority creditor's name and mailing address <u>Marshal Safety, Inc.</u>  <u>4720 N. Spring St.</u> <u>Evansville, IN 47711</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 4,411.24</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.108	Nonpriority creditor's name and mailing address <u>McMaster Carr</u>  <u>P.O. Box 7690</u> <u>Chicago, IL 60680-7690</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 2,781.70</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.109	Nonpriority creditor's name and mailing address <u>Mechanical Automated Control</u>  <u>1838 Elm Hill Pike, Ste. 127</u> <u>Nashville, TN 37210</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 12,893.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.110	Nonpriority creditor's name and mailing address <u>Meisler Trailer Rentals</u>  <u>P.O. Box 3357</u> <u>Evansville, IN 47732</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 532.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.111	Nonpriority creditor's name and mailing address <u>Melchior's Trailer Sales</u>  <u>1423 S Green River Rd.</u> <u>Evansville, IN 47715</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 399.25</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

3.112	Nonpriority creditor's name and mailing address Menard's, Inc.  5101 Mernard Dr. Eau Claire, WI 54703-9604  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>76.78</u>
3.113	Nonpriority creditor's name and mailing address Metro Properties, LLC  Attn: Jerry A. Lamb, Jr. P.O. Box 72 Evansville, IN 47701  Date or dates debt was incurred <u>6/2/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Lease of business premises</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Unknown</u>
3.114	Nonpriority creditor's name and mailing address Mid America Fire & Safety, LLC  4001 N. St. Joseph Ave. Evansville, IN 47720  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>467.62</u>
3.115	Nonpriority creditor's name and mailing address Midwest Mechanical Services, Inc.  2161 Commercial Ct. Evansville, IN 47720  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,462.00</u>
3.116	Nonpriority creditor's name and mailing address Midwest Roofing-Sheet Metal  1208 N. Harlan Ave. Evansville, IN 47711  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>8,475.39</u>

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Amount of claim

3.117	Nonpriority creditor's name and mailing address Milam Builders  1155 Whispering Heights Clarksville, TN 37043  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,416.50
3.118	Nonpriority creditor's name and mailing address Modern Supply Company, Inc.  P.O. Box 1450 Owensboro, KY 42301-1450  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,514.76
3.119	Nonpriority creditor's name and mailing address Modern Welding Co. of Owensboro  P.O. Box 1450 Owensboro, KY 42302-1450  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 374.08
3.120	Nonpriority creditor's name and mailing address MoFab, Inc.  1415 Fairview St. Anderson, IN 46016  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Any liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.121	Nonpriority creditor's name and mailing address Moore Metal Works, LLC  3712 Upper Mt. Vernon Rd. Evansville, IN 47712-7868  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,161.00

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Amount of claim

3.122	Nonpriority creditor's name and mailing address Mounts Electric, Inc.  P.O. Box 3273 Evansville, IN 47731  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 27,801.70
3.123	Nonpriority creditor's name and mailing address MSC Industrial Supply  P.O. Box 953635 St. Louis, MO 63195-3635  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 188.20
3.124	Nonpriority creditor's name and mailing address MSC Industrial Supply  75 Maxess Rd. Melville, NY 11747  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 188.20
3.125	Nonpriority creditor's name and mailing address Mulzer Crushed Stone, Inc.  P.O. Box 249 Tell City, IN 47586  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 11,676.15
3.126	Nonpriority creditor's name and mailing address Murphy Excavating, LLC  8470 Mulligan Rd. Owensboro, KY 42301  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 7,650.00

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Amount of claim

3.127	Nonpriority creditor's name and mailing address NEC Financial Services, LLC  250 Pehle Ave., Ste. 704 Saddle Brook, NJ 08663  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Lease of Shoretel Phone System</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Unknown</u>
3.128	Nonpriority creditor's name and mailing address NEEMA, LLC  10707 Coach Light Dr. Evansville, IN 47725  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>871.74</u>
3.129	Nonpriority creditor's name and mailing address Nichols Electric Supply, Inc.  P.O. Box 5516 Evansville, IN 47716-5516  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>56.84</u>
3.130	Nonpriority creditor's name and mailing address Norkan, Inc.  25200 Easy St. Warren, MI 48089  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>4,448.00</u>
3.131	Nonpriority creditor's name and mailing address Ohio Valley Insulation Co., Inc.  4241 Hogue Rd. Evansville, IN 47712  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>4,947.00</u>

**Part 2: Additional Page**

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Amount of claim

3.132	Nonpriority creditor's name and mailing address Old National Bank Vacation  Attn: Josh Davis P.O. Box 11010 Evansville, IN 47701  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 7,296.96
3.133	Nonpriority creditor's name and mailing address On Time Fab, Inc.  3021 Medley Rd. Owensboro, KY 42301  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.134	Nonpriority creditor's name and mailing address O'Neal Steel  1323 Burch Dr. Evansville, IN 47725  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,734.44
3.135	Nonpriority creditor's name and mailing address Overhead Crane & Conveyor  P.O. Box 1145 Fairview, TN 37062  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 9,458.38
3.136	Nonpriority creditor's name and mailing address Overhead Door Company of Vincennes  1026 Main St. Vincennes, IN 47591  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Any liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown

**Part 2: Additional Page**

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Amount of claim

3.137	Nonpriority creditor's name and mailing address Owensboro Supply Co., Inc.  P.O. Box 2029 Owensboro, KY 42303-2029  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 512.13
3.138	Nonpriority creditor's name and mailing address P & I Supply Co. Evansville  2220 N. Fares Ave. Evansville, IN 47711  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 558.97
3.139	Nonpriority creditor's name and mailing address Park Machine & Supply Co.  426 First St. Henderson, KY 42420  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 6.85
3.140	Nonpriority creditor's name and mailing address Patriot Engineering & Environmental, inc.  601 E. Sycamore St., Ste. B Evansville, IN 47713  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 670.75
3.141	Nonpriority creditor's name and mailing address Plumbers Supply Company  1817 W. Michigan St. Evansville, IN 47712  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 6,983.38

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Amount of claim

3.142	Nonpriority creditor's name and mailing address Powers Welding  P.O. Box 6975 Evansville, IN 47719  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 24,882.50
3.143	Nonpriority creditor's name and mailing address PPMI Properties, LLC  See Attachment 8 Evansville, IN 47712  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Lease of business premises</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.144	Nonpriority creditor's name and mailing address Precision Controls  5610 W. 82nd St. Indianapolis, IN 46278  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 26,429.10
3.145	Nonpriority creditor's name and mailing address Professional Concrete Cutting  15896 E. 650 N. Hope, IN 47246  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,450.00
3.146	Nonpriority creditor's name and mailing address Raben Tire Company, Inc.  P.O. Box 4835 Station A Evansville, IN 47724-0835  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 484.16



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Amount of claim

3.147	Nonpriority creditor's name and mailing address Railworks Track Systems, Inc.  39545 Treasury Center Chicago, IL 60694-9500  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 49,775.14
3.148	Nonpriority creditor's name and mailing address Randy's Tree Service, Inc.  818 Hermitage Rd. Evansville, IN 47725  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Any liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.149	Nonpriority creditor's name and mailing address Red-D-Arc, Inc.  P.O. Box 532618 Atlanta, GA 30353-2618  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,002.63
3.150	Nonpriority creditor's name and mailing address Regional Water Resource Agency  2101 Grimes Ave. Owensboro, KY 42303  Date or dates debt was incurred <u>12/8/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Max Rhoads Project</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.151	Nonpriority creditor's name and mailing address Reis Tire Sales  P.O. Box 6354 Evansville, IN 47710  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,042.46

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Amount of claim

3.152	Nonpriority creditor's name and mailing address Riney & Craig Enterprises, Inc.  d/b/a First Avenue Car Wash P.O. Box 4188 Evansville, IN 47724  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 82.80
3.153	Nonpriority creditor's name and mailing address Roadsafe Traffic Systems  3122 Olympia Dr. Lafayette, IN 47909  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,585.42
3.154	Nonpriority creditor's name and mailing address S & K Air Power  Dept. 4830 P.O. Box 87618 Chicago, IL 60680-0618  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,062.47
3.155	Nonpriority creditor's name and mailing address S & M Precast, Inc.  7515 Old Highway 111 Memphis, TN 47143  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 953.00
3.156	Nonpriority creditor's name and mailing address Scaffold King Rentals, Inc.  302 S. Jefferson St. Rockville, IN 47872  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,110.66

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Amount of claim

3.157	Nonpriority creditor's name and mailing address Schrecker Supply Company  P.O. Box 1913 Owensboro, KY 42302-1913  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,542.12
3.158	Nonpriority creditor's name and mailing address Sherwin-Williams  632 E. Diamond Ave. Evansville, IN 47711-3718  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,719.06
3.159	Nonpriority creditor's name and mailing address Simms Painting Co., Inc.  P.O. Box 2629 Evansville, IN 47728-0629  Date or dates debt was incurred _____ Last 4 digits of account number <u>5 6 5 6</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 6,755.00
3.160	Nonpriority creditor's name and mailing address Smith, Cashion & Orr  231 Thir Ave. North Nashville, TN 37201  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.161	Nonpriority creditor's name and mailing address Snyder Construction Co.  150 Heth Washington Rd. SE Corydon, IN 47112  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 13,425.00

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Amount of claim

3.162	Nonpriority creditor's name and mailing address Stagg Safety Equipment, Inc.  163 S. Third Ave. Evansville, IN 47708  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,630.13
3.163	Nonpriority creditor's name and mailing address Sterett Crane & Rigging  34 Booth Field Rd. Owensboro, KY 42301  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Any liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.164	Nonpriority creditor's name and mailing address Straeffer Pump & Supply, Inc.  P.O. Box 99 Chandler, IN 47610  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Any liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.165	Nonpriority creditor's name and mailing address Sugar Steel Corporation  5401 Highway 41 North Evansville, IN 47711  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,416.17
3.166	Nonpriority creditor's name and mailing address Sunbelt Rentals  1015 E. Columbia St. Evansville, IN 47711  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$227.38

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Amount of claim

3.167	Nonpriority creditor's name and mailing address Superior Ag Co-op Evansville  5015 N. St. Joseph Ave. Evansville, IN 47720  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,797.60
3.168	Nonpriority creditor's name and mailing address Synenergy  P.O. Box 545 Mt. Vernon, IN 47620-0545  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,354.80
3.169	Nonpriority creditor's name and mailing address Tekoppel Block Company  1701 W. Ohio St. Evansville, IN 47712  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 45.54
3.170	Nonpriority creditor's name and mailing address The Macomb Group  6802 Loehrlein Dr. Evansville, IN 47715  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 200.19
3.171	Nonpriority creditor's name and mailing address The Vernon Corporation  P.O. Box 246 Boonville, IN 47601  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 7,088.84

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Amount of claim

3.172	Nonpriority creditor's name and mailing address T-Mobile Bankruptcy Team  P.O. Box 53410 Bellevue, WA 98015-3410  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Unknown</u>
3.173	Nonpriority creditor's name and mailing address Town of Newburgh  P.O. Box 100 Newburgh, IN 47629  Date or dates debt was incurred <u>1/11/17</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Town of Newburgh/Deaconess</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Unknown</u>
3.174	Nonpriority creditor's name and mailing address Transportation Safety & Compliance Consulting, Inc.  4212 Tamm Ct. Louisville, KY 40272  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>550.00</u>
3.175	Nonpriority creditor's name and mailing address Trifecta Steel  P.O. Box 22873 Owensboro, KY 42304  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Mechanic's lien 7/26/17</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>175,218.81</u>
3.176	Nonpriority creditor's name and mailing address Tri-State Painting Co., Inc.  2217 St. Joseph Industrial Park Evansville, IN 47720  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>17,738.57</u>

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<b>3.177</b> Nonpriority creditor's name and mailing address <u>TSF Company, Inc.</u>  <u>2930 St. Phillips Rd.</u> <u>Evansville, IN 47712</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 3,292.38</u>
<b>3.178</b> Nonpriority creditor's name and mailing address <u>Tyco SimplexGrinnell</u>  <u>50 Technology Dr.</u> <u>Westminster, MA 01441</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Any liability</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ Unknown</u>
<b>3.179</b> Nonpriority creditor's name and mailing address <u>United Rentals Exchange, LLC</u>  <u>P.O. Box 840514</u> <u>Dallas, TX 75284-0514</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 102,216.00</u>
<b>3.180</b> Nonpriority creditor's name and mailing address <u>UPS</u>  <u>P.O. Box 1067</u> <u>Scranton, PA 18577-0067</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>4 0 3 1</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 11.85</u>
<b>3.181</b> Nonpriority creditor's name and mailing address <u>Utility Pipe Sales Co.</u>  <u>P.O. Box 627</u> <u>Evansville, IN 47704</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Open account</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 37,662.47</u>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.182	Nonpriority creditor's name and mailing address Utility Supply Company  6310 S. Harding St. Indianapolis, IN 46217  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 8,405.47
3.183	Nonpriority creditor's name and mailing address Valley Electric Supply Corp.  P.O. Box 724 Vincennes, IN 47591  Date or dates debt was incurred _____ Last 4 digits of account number <u>7 5 2 5</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 54.97
3.184	Nonpriority creditor's name and mailing address Vandco Equipment  2126 Glenview Dr. Evansville, IN 47720  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,060.92
3.185	Nonpriority creditor's name and mailing address Vectren Energy Delivery  P.O. Box 209 Evansville, IN 47702-0209  Date or dates debt was incurred _____ Last 4 digits of account number <u>2 1 1</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 238.63
3.186	Nonpriority creditor's name and mailing address Verification Services  P.O. Box 4047 Evansville, IN 47724  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 951.87



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.187	Nonpriority creditor's name and mailing address Vessell Trim Shop  955 E. Riverside Dr. Evansville, IN 47713  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 160.50
3.188	Nonpriority creditor's name and mailing address Vincennes Industrial Rental a aka Vincenens Industrial Supply, Inc. 102 Executive Blvd. Vincennes, IN 47591  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,619.08
3.189	Nonpriority creditor's name and mailing address Vincennes Water Utilities 403 Busseron St. Vincennes, IN 47591  Date or dates debt was incurred <u>9/28/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vincennes Wastewater Treatment Facility</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.190	Nonpriority creditor's name and mailing address Waller Masonry 1742 Bearwallow Rd. Ashland City, TN 37015  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 350.00
3.191	Nonpriority creditor's name and mailing address Wayne Wilkens Trucking, LLC 1288 E. Elkhorn Rd. Vincennes, IN 47591  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 900.00

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.192	Nonpriority creditor's name and mailing address Wesco  225 W. Station Square Dr., Ste. 700 Pittsburgh, PA 15219  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: Any liability  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.193	Nonpriority creditor's name and mailing address West Metal Sales  3712 Upper Mt. Vernon Rd. Evansville, IN 47712  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Open account  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,280.00
3.194	Nonpriority creditor's name and mailing address WEX Bank  P.O. Box 6293 Carol Stream, IL 60197-6293  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Revolving charge account  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.195	Nonpriority creditor's name and mailing address Whayne Supply Company  2420 Lynch Rd. Evansville, IN 47711  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Open account  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 13,310.00
3.196	Nonpriority creditor's name and mailing address Whipps, Inc.  P.O. Box 1058 Athol, MA 01331  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Open account  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 41,372.00

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.197	Nonpriority creditor's name and mailing address Winsupply of Owensboro  2110 Grimes Ave. Owensboro, KY 42303  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 505.19
3.198	Nonpriority creditor's name and mailing address WOW! Business  6045 Wedeking Ave. Evansville, IN 47715  Date or dates debt was incurred _____ Last 4 digits of account number <u>4 4 9 9</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 435.23
3.199	Nonpriority creditor's name and mailing address Wright Steel & Service, Inc.  1413 W. Florida St. Evansville, IN 47710  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 361.49
3.200	Nonpriority creditor's name and mailing address Xylem, Inc.  1 International Dr. Rye Brook, NY 10573  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Any liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.201	Nonpriority creditor's name and mailing address Yager Material, LLC  P.O. Box 2000 Owensboro, KY 42302-2000  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 45,693.13

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.202	Nonpriority creditor's name and mailing address ZERMA  340 Commerce Dr., Unit B Crystal Lake, IL 60014  Date or dates debt was incurred _____ Last 4 digits of account number _____	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Open account</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ 14,315.00
3.203	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ _____
3.204	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ _____
3.205	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ _____
3.206	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$ _____

**Part 3:****List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. Airgas Evansville P.O. Box 532609 Atlanta, GA 30353-2609	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. Aramark Uniform Services AUCA Chicago MC Lockbox, 25259 Network Place Chicago, IL 60673-1252	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. Manion Stigger, LLP 20 N.W. First St., Ste. 200 Evansville, Indiana 47708	Line <u>3.22</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. Engineered Air c/o Commerce Bank, 20 N.W. 4th St. Evansville, IN 47708	Line <u>3.40</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. CT Corporation System 150 W. Market St., Ste. 800 Indianapolis, IN 46204	Line <u>3.41</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. The Hanover Insurance Group 440 Lincoln St. Worcester, MA 01653	Line <u>3.44</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. Hardy Brake & Electric Company 112-116 N. Fulton Ave. Evansville, IN 47719-0441	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. The Hanover Insurance Group 440 Lincoln St. Worcester, Massachusetts 01653	Line <u>3.69</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. The Hanover Insurance Group 440 Lincoln St. Worcester, MA 01653	Line <u>3.71</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. Imperial Fastener & Industrial Supply P.O. Box 714549 Cincinnati, OH 45271-4549	Line <u>3.77</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. Koorsen Fire & Security 2719 N. Arlington Ave. Indianapolis, IN 46218-3322	Line <u>3.94</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.12. Lowe's P.O. Box 530943 Atlanta, GA 30353-0954	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.13 Menard's P.O. Box 5219 Carol Stream, IL 60197-5219	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.14 Metro Properties, LLC Attn: Jerry A. Lamb, Jr., 640 Salem Ct. Evansville, IN 47715	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.15 Van Ausdall & Farrar, Inc. 6430 E. 75th St. Indianapolis, IN 46250	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.16 NEEMA, LLC P.O. Box 180 Inglefield, IN 47618	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.17 O'Neal Steel P.O. Box 934243 Atlanta, GA 31193-4243	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.18 O'Neal Steel, Inc. P.O. Box 480 Shelbyville, IN 46176	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.19 Patriot Engineering & Environmental, Inc. 6150 E. 75th St. Indianapolis, IN 46250	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.20 Plumbers Supply Company P.O. Box 634623 Cincinnati, Ohio 45263-4623	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.21 The Hanover Insurance Group 440 Lincoln St. Worcester, Massachusetts 01653	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.22 Zielke Law Firm PLLC 1250 Meidinger Tower, 462 S. Fourth Ave. Louisville, KY 40202-3465	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.23 Euler Hermes Collections North America 800 Red Brook Blvd., Ste. 400C Owings Mills, MD 21117	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.24 Sugar Steel Corporation 15382 Collections Center Dr. Chicago, Illinois 60693-0129	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.25 Sunbelt Rentals 1275 W. Mound St. Columbus, OH 43223	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.26 Sunbelt Rentals P.O. Box 409211 Atlanta, GA 30384-9211	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.27 Superior Ag P.O. Box 420 Huntingburg, IN 47542	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.28 The Macomb Group Dept. 166401, P.O. Box 67000 Detroit, MI 48267	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.29 The Hanover Insurance Group 440 Lincoln St. Worcester, Massachusetts 01653	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.30 Transportatin Safety & Compliance Consulting, Inc. 7424 Ridan Way Louisville, KY 40214	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.31 Meyer & Meyer, LLP 100 E. Veterans Blvd. Owensboro, KY 42303	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.32 Tyco SimplexGrinnell 2225 N. Burkhardt Rd., Ste. A Evansville, IN 47715	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.33 Hart Bell, LLC P.O. Box 979 Vincennes, IN 47591	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.34 The Hanover Insurance Group 440 Lincoln St. Worcester, Massachusetts 01653	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.35 Westco 401 S. 3rd Ave. Evansville, IN 47708	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.36 Whayne Supply Company Dept. 8326 Carol Stream, IL 60122-8326	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.37 Xylem Evansville (Godwin/Flygt) 9745 Hedden Rd. Evansville, IN 47725	Line <u>See</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.38 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.39 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.40 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 203,450.67
5b. Total claims from Part 2	5b. +	\$ 2,178,105.55
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 2,381,556.22



Attachment 1/7

Debtor: Precision Piping and Mechanical, Inc.  
17-70785-BHL-7

Case No:

1. **Central Pension Fund**  
**Fund Office, P.O. Box 1179**  
**Henderson, KY 42419-1179**  
**5**  
**Contrib. to Emp. Benefit Plans**  
**X**  
**1,092.00**  
**1,092.00**  
  
**Commonwealth of Kentucky**  
**Div. of Unemployment Insurance, P.O. Box 452**  
**Frankfort, KY 40602**  
**8**  
**Taxes and Other Government Debts-unemployment**  
**X**  
**Unknown**  
**Unknown**  
  
**Commonwealth of Kentucky**  
**Division of Unemployment Insurance, P.O. Box 452**  
**Frankfort, KY 40602-0452**  
**8**  
**Taxes and Other Government Debts**  
**X**  
**Unknown**  
**Unknown**  
  
**Educational Fund**  
**2911 W. Parrish Ave.**  
**Owensboro, KY 42301**  
**5**  
**Contrib. to Emp. Benefit Plans**  
**X**  
**260.46**  
**260.46**
2. **IBEW Local 1701**  
**2911 W. Parrish Ave.**  
**Owensboro, KY 42301**  
**5**

Attachment 2/7

Debtor: Precision Piping and Mechanical, Inc.  
17-70785-BHL-7

Case No:

Contrib. to Emp. Benefit Plans

X

633.51

633.51

IBEW Local 1701 PAC Fund

2911 W. Parrish Ave.

Owensboro, KY 42301

5

Contrib. to Emp. Benefit Plans

X

Unknown

Unknown

Indiana Combo Fund #561

P.O. Box 1587

Terre Haute, IN 47808

5

Contrib. to Emp. Benefit Plans

X

19,903.31

19,903.31

Indiana Department of Revenue

100 North Senate Avenue, Room N203-Bankruptcy

Indianapolis, Indiana 46204

8

Taxes and Other Government Debts - notice only

X

Unknown

Unknown

3. Indiana Dept. of Workforce Development  
c/o IDWD Legal Support, Indiana Government Center South  
10 N. Senate Ave., SE105  
Indianapolis, Indiana 46204-2277  
7689  
8  
Taxes and Other Government Debts  
X

Attachment 3/7

Debtor: Precision Piping and Mechanical, Inc.  
17-70785-BHL-7

Case No:

Unknown

Unknown

Indiana Kentucky Carpenters

Fringe Benefits, 2690 Solution Center

Chicago, IL 60677-2066

5

Contrib. to Emp. Benefit Plans

X

63,674.16

63,674.16

Internal Revenue Service

P.O. Box 7346

Philadelphia, Pennsylvania 19101-7346

8

Taxes and Other Government Debts - notice only

X

Unknown

Unknown

Iron Workers Local 103

P.O. Box 798344

St. Louis, MO 63179-8000

5

Contrib. to Emp. Benefit Plans

X

27,044.89

27,044.89

4.

Iron Workers Local 103

Assessment PAC, 5313 Old Boonville Hwy.

Evansville, IN 47715

5

Contrib. to Emp. Benefit Plans

X

1,509.84

1,509.84

Iron Workers Local 103 Vacation

Attachment 4/7

Debtor: Precision Piping and Mechanical, Inc.  
17-70785-BHL-7

Case No:

c/o Cynthiana State Bank, 11201 Upper Mt. Vernon Rd.  
Evansville, IN 47712

5

Contrib. to Emp. Benefit Plans

X

1,911.75

1,911.75

Iron Workers St. Louis District  
Council Trust Funds, P.O. Box 1096  
Maryland Heights, MO 63043

4

Union dues-any liability

X

Unknown

Unknown

ISCP & CM Health & Welfare Fund  
Healthscope Benefits, P.O. Box 50440  
Indianapolis, IN 46250

5

Contrib. to Emp. Benefit Plans

X

6,855.36

6,855.36

5. Plumbers & Pipefitters LU 572  
Pension Fund, 225 Ben Allen Rd., Ste. 101  
Nashville, TN 37207

5

Contrib. to Emp. Benefit Plans

X

Unknown

Unknown

Plumbers & Pipefitters LU 572  
Health and Welfare Fund, 225 Ben Allen Rd., Ste. 101  
Nashville, TN 37207

5

Contrib. to Emp. Benefit Plans

Attachment 5/7  
Debtor: Precision Piping and Mechanical, Inc.  
17-70785-BHL-7

Case No:

X

Unknown

Unknown

Plumbers and Steamfitters Local 136

2300 St. Joseph Industrial Park Dr.

Evansville, IN 47720

5

Contrib. to Emp. Benefit Plans

X

1,918.75

2,918.75

Plumbers and Steamfitters Local 184

Working Assessments, 1332 Broadway St.

Paducah, KY 42001

5

Contrib. to Emp. Benefit Plans

X

Unknown

Unknown

6. Spottsville Elementary School Project/Electrical/Data/Voice Cabling
7. Spottsville Elementary School Project/Intericom-Time Control System
8. Attn: Lawrence J. Muensterman, Reg. Agent 9909 Strueh Hendricks Rd.

Attachment 9

3.101

Attachment 10

3.112

Attachment 11

3.113

Attachment 12

3.127

Attachment 13

3.128

**Fill in this information to identify the case:**Debtor name Precision Piping and Mechanical, Inc.United States Bankruptcy Court for the: Southern District of IndianaCase number (If known): 17-70785-BHL-7 Chapter 7☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Lease Agreement dated 6/13/17 - 36 month lease of Shoretel Phone System</u>	<u>NEC Financial Services</u>		
			<u>250 Pehle Ave. Ste. 704</u>		
	State the term remaining	<u>34 months</u>	<u>Saddle Brook</u>	<u>NJ</u>	<u>70663-5806</u>
	List the contract number of any government contract				
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Lease dated 6/2/16 - 10 year lease of Oak Hill Road premises</u>	<u>Metro Properties, LLC</u>		
			<u>Attn: Jerry A. Lamb, Jr.</u>		
	State the term remaining	<u>8 years</u>	<u>P.O. Box 72</u>		
	List the contract number of any government contract		<u>Evansville</u>	<u>IN</u>	<u>47701</u>
			<u>See Attachment 1</u>		
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Lease dated 12/9/16 - 36 month lease of office furniture and warehouse equipment</u>	<u>United Leasing, Inc.</u>		
			<u>3700 E. Morgan Ave.</u>		
	State the term remaining	<u>28</u>	<u>Evansville</u>	<u>IN</u>	<u>47715</u>
	List the contract number of any government contract				
2.4	State what the contract or lease is for and the nature of the debtor's interest	<u>Lease of Harlan Avenue premises</u>	<u>PPMI Properties, LLC</u>		
			<u>Attn: Lawrence J. Muensterman, Registered Agent</u>		
	State the term remaining	<u>Month-to-month</u>	<u>9909 Strueh Hendricks Rd.</u>		
	List the contract number of any government contract		<u>Evansville</u>	<u>IN</u>	<u>47712</u>
2.5	State what the contract or lease is for and the nature of the debtor's interest				
	State the term remaining				
	List the contract number of any government contract				

Attachment

Debtor: Precision Piping and Mechanical, Inc.  
17-70785-BHL-7

Case No:

Attachment 1

Additional Contacts for Executory Contract With Metro Properties, LLC:  
Metro Properties, LLC  
Attn: Jerry A. Lamb, Jr.  
640 Salem Ct.  
Evansville, IN 47715

**Fill in this information to identify the case:**Debtor name Precision Piping and Mechanical, Inc.United States Bankruptcy Court for the: Southern District of IndianaCase number (if known): 17-70785-BHL-7☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.1 <u>Scott P. Jones</u>	<u>1405 Cheshire Bridge Rd.</u> Street  <u>Evansville</u> <u>Indiana</u> <u>47710</u> City State ZIP Code		<u>First Federal Savings</u> Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 <u>Scott P. Jones and Narda A. Jones</u>	<u>1405 Cheshire Bridge Rd.</u> Street  <u>Evansville</u> <u>IN</u> <u>47710</u> City State ZIP Code		<u>First Federal Savings</u> Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 <u>Bradley M. Smith</u>	<u>1514 Ashmore Dr.</u> Street  <u>Evansville</u> <u>IN</u> <u>47725</u> City State ZIP Code		<u>First Federal Savings</u> Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 <u>Scott P. Jones</u>	<u>1405 Cheshire Bridge Rd.</u> Street  <u>Evansville</u> <u>IN</u> <u>47710</u> City State ZIP Code		<u>First Federal Savings</u> Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 <u>Bradley M. Smith</u>	<u>1514 Ashmore Dr.</u> Street  <u>Evansville</u> <u>IN</u> <u>47725</u> City State ZIP Code		<u>First Federal Savings</u> Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 <u>Bradley M. Smith</u>	<u>1514 Ashmore Dr.</u> Street  <u>Evansville</u> <u>IN</u> <u>47725</u> City State ZIP Code		<u>First Federal Savings</u> Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G



Debtor

Precision Piping and Mechanical, Inc.  
Name

Case number (if known) 17-70785-BHL-7

**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.7 Scott P. Jones	1405 Cheshire Bridge Rd. Street  Evansville IN 47710 City State ZIP Code	First Federal Savings Bank	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E/F <input type="checkbox"/> G
2.8 Bradley M. Smith	1514 Ashmore Dr. Street  Evansville IN 47725 City State ZIP Code	First Federal Savings Bank	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E/F <input type="checkbox"/> G
2.9 Scott P. Jones	1405 Cheshire Bridge Rd. Street  Evansville IN 47710 City State ZIP Code	First Federal Savings Bank	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E/F <input type="checkbox"/> G
2.10 Scott P. Jones and Narda A. Jones	1405 Cheshire Bridge Rd. Street  Evansville IN 47710 City State ZIP Code	The Hanover Insurance Group	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E/F <input type="checkbox"/> G
2.11 Bradley M. Smith and Traci Smith	1514 Ashmore Dr. Street  Evansville IN 47725 City State ZIP Code	The Hanover Insurance Group	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E/F <input type="checkbox"/> G
2.12	Street  City State ZIP Code		<input type="checkbox"/> D	<input type="checkbox"/> E/F <input type="checkbox"/> G
2.13	Street  City State ZIP Code		<input type="checkbox"/> D	<input type="checkbox"/> E/F <input type="checkbox"/> G
2.14	Street  City State ZIP Code		<input type="checkbox"/> D	<input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case and this filing:**

Debtor Name Precision Piping and Mechanical, Inc.  
 United States Bankruptcy Court for the: Southern District Of Indiana  
 Case number (If known): 17-70785-BHL-7

**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206—Summary)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/16/2017  
MM / DD / YYYY

X /s/Scott P. Jones  
Signature of individual signing on behalf of debtor

Scott P. Jones  
Printed name

President  
Position or relationship to debtor

Precision Piping and Mechanical,  
Inc.

Debtor(s)

Case No. 17-70785-BHL-7

## CURRENT BUSINESS INCOME AND EXPENSES

Please provide figures for the full calendar month preceding the date of petition to the date of petition.  
Bank book balance and cash on hand at *beginning of full calendar month preceding filing*

\$ -85,556.00

### RECEIPTS & OTHER FUNDING:

1. Sales/Receipts	\$ <u>0.00</u>
2. Accounts Receivable Collections	\$ <u>1,458,639.00</u>
3. Loans/Financing	\$ <u>0.00</u>
4. Capital Contributions	\$ <u>0.00</u>
5. Other Receipts (describe below)	\$ <u>585,800.00</u>

<u>Sale of equipment</u>	\$ <u>585,800.00</u>
<u></u>	\$ <u></u>
<u></u>	\$ <u></u>

### I. TOTAL RECEIPTS & FUNDING (sum of lines 1-5)

\$ 2,044,439.00

### EXPENDITURES:

6. Inventory Purchases	\$ <u>345,627.00</u>
7. Taxes	\$ <u>47,055.00</u>
8. PAYROLL	
a. Compensation of Insiders	\$ <u>21,536.00</u>
b. Salaries & Wages	\$ <u>635,569.00</u>
c. Outside Labor	\$ <u>158,189.00</u>
9. Payments to Professionals	\$ <u>14,294.00</u>
10. Insurance	\$ <u>4,042.00</u>
11. Real Property Rent Payments	\$ <u>14,718.00</u>
12. Equipment Lease Payments	\$ <u>18,238.00</u>
13. Mortgage Payments	\$ <u>0.00</u>
14. Utilities/Telephone	\$ <u>1,901.00</u>
15. Supplies	\$ <u>14,912.00</u>
16. Repairs & Maintenance	\$ <u>5,803.00</u>
17. Travel & Entertainment	\$ <u>0.00</u>

18. Other Expenses (describe below)

\$ 555,884.00

<u>Line of credit</u>	<u>\$ 543,216.00</u>
<u>Fuel</u>	<u>\$ 11,574.00</u>
<u>Misc. administrative costs</u>	<u>\$ 1,094.00</u>

**II. TOTAL EXPENDITURES** (sum of lines 6-18)\$ 1,837,768.00**NET CASH FLOW** (Total Receipts less Total Expenditures)\$ 206,671.00Bank book balance and cash on hand at *date of filing*\$ 121,115.00**(Note: Declaration required if form is filed separately from other schedules.)**

I/We declare under the penalty of perjury that the information provided in this form is true and correct.

Date: August 16, 2017/s/Scott P. Jones (Signature of Debtor)Precision Piping and Mechanical, Inc. (Printed Name of Debtor)

(Signature of Joint Debtor, if any)

(Printed Name of Joint Debtor, if any)

**Fill in this information to identify the case:**

Debtor name Precision Piping and Mechanical, Inc.  
 United States Bankruptcy Court for the: Southern District of Indiana  
 Case number (if known): 17-70785-BHL-7

☐ Check if this is an amended filing

**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From 01/01/2017 to Filing date  
MM / DD / YYYY

☐ Operating a business

☒ Other Gross revenue

\$ 12,243,795.00

**For prior year:**

From 01/01/2016 to 12/31/2016  
MM / DD / YYYY

☐ Operating a business

☒ Other Ordinary business loss

\$ -1,058,017.00

**For the year before that:**

From 01/01/2015 to 12/31/2015  
MM / DD / YYYY

☐ Operating a business

☒ Other Ordinary bus. income

\$ 926,174.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From 01/01/2017 to Filing date  
MM / DD / YYYY

Gain on sale of assets

\$ 619,924.00

**For prior year:**

From 01/01/2016 to 12/31/2016  
MM / DD / YYYY

Gain on sale of assets

\$ 32,085.00

**For the year before that:**

From 01/01/2015 to 12/31/2015  
MM / DD / YYYY

Gain on sale of assets

\$ 35,494.00

Debtor Precision Piping and Mechanical, Inc.  
NameCase number (if known) 17-70785-BHL-7**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>Utility Pipe Sales Co.</u> Creditor's name <u>P.O. Box 627</u> Street  <u>Evansville</u> <u>IN</u> <u>47704</u> City State ZIP Code		\$ <u>303,382.43</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. <u>Precision Controls</u> Creditor's name <u>5610 W. 82nd St.</u> Street  <u>Indianapolis</u> <u>IN</u> <u>46278</u> City State ZIP Code		\$ <u>188,489.70</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

See Attachment 1

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Insider's name _____ Street _____ _____ City State ZIP Code		\$ _____	
Relationship to debtor _____			
4.2. _____ Insider's name _____ Street _____ _____ City State ZIP Code		\$ _____	
Relationship to debtor _____			

Debtor Precision Piping and Mechanical, Inc.  
NameCase number (if known) 17-70785-BHL-7**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. <u>Deere Credit, Inc.</u> Creditor's name <u>6400 N.W. 86th St.</u> Street  <u>Johnston</u> <u>IA</u> <u>50131</u> City State ZIP Code	<u>JD CT319 Compact Track Loader, JD 135G</u> <u>Excavator and JD 310SK Loader Backhoe</u>	<u>7/24 - 7/26/17</u>	<u>\$ 144,393.00</u>
5.1. <u>Enterprise Fleet Management, Inc.</u> Creditor's name <u>600 Corporate Park Dr.</u> Street  <u>St. Louis</u> <u>MO</u> <u>63105</u> City State ZIP Code	<u>Vehicles voluntarily returned prior to petition</u> <u>date</u>	<u>7/28 - 7/31/17</u>	<u>\$ 439,000.00</u>

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name Street City State ZIP Code	Last 4 digits of account number: XXXX- _ _ _ _		\$ _____

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. <u>Case number</u>		<u>Name</u> <u>Street</u> <u>City</u> <u>State</u> <u>ZIP Code</u>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. <u>Case title</u> <u>Case number</u>		<u>Court or agency's name and address</u> <u>Name</u> <u>Street</u> <u>City</u> <u>State</u> <u>ZIP Code</u>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Precision Piping and Mechanical, Inc.  
NameCase number (if known) 17-70785-BHL-7**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
Custodian's name		\$
Street	Case title	Court name and address
City State ZIP Code	Case number	Name
		Street
	Date of order or assignment	City State ZIP Code

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. American Waterworks Assn. of Indiana Recipient's name 5265 E. 82nd St. Street  Indianapolis IN 46250 City State ZIP Code	Donation	3/31/2016	\$3,000.00
Recipient's relationship to debtor None			
9.2. Recipient's name  Street  City State ZIP Code			\$
Recipient's relationship to debtor			

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
Vehicle Vehicle struck concrete structure	\$1,608.15	8/1/16 See Attachment 2	\$ Unknown



Debtor Precision Piping and Mechanical, Inc.  
NameCase number (if known) 17-70785-BHL-7**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	R. Stephen LaPlante  <b>Address</b> 101 N.W. 1st St., Ste. 116 Street P.O. Box 3556 Evansville IN 47734 City State ZIP Code  <b>Email or website address</b>   <b>Who made the payment, if not debtor?</b>  	Retainer	7/27/2017	\$ 5,000.00
11.2.	  <b>Address</b>  Street  City State ZIP Code  <b>Email or website address</b>   <b>Who made the payment, if not debtor?</b>  			\$

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$
<b>Trustee</b>			

Debtor Precision Piping and Mechanical, Inc.  
NameCase number (if known) 17-70785-BHL-7**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None**Who received transfer?****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value**

13.1. Moore Metal Works, LLC Rigid pipe threader and jet drillpress 7/26/2017 \$6,000.00

**Address**

3712 Upper Mt. Vernon Rd.  
Street

Evansville IN See  
City State ZIP Code

**Relationship to debtor**

None

**Who received transfer?**

Various equipment from AK Steel worksite

7/26/17

\$50,000.00

13.2. Custom Mechanical Construction, Inc.

**Address**

1609 Allen Ln.  
Street

Evansville IN 47710  
City State ZIP Code

**Relationship to debtor**

None

See Attachment 4

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply**Address****Dates of occupancy**

14.1. 5201 Middle Mt. Vernon Rd. From 01/01/1996 To 05/31/2017  
Street

Evansville IN 47712  
City State ZIP Code

14.2. 1227, 1301 & 1327 N. Harlan Ave. From 01/01/2000 To 06/30/2017  
Street

Evansville IN 47711  
City State ZIP Code

See Attachment 5

Debtor Precision Piping and Mechanical, Inc.  
NameCase number (if known) 17-70785-BHL-7**Part 8: Healthcare Bankruptcies****15. Healthcare bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. \_\_\_\_\_  
Facility name \_\_\_\_\_

\_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

\_\_\_\_\_

**Location where patient records are maintained** (if different from facility address). If electronic, identify any service provider. \_\_\_\_\_

\_\_\_\_\_

**How are records kept?**

*Check all that apply:*

☐ Electronically

☐ Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. \_\_\_\_\_  
Facility name \_\_\_\_\_

\_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

\_\_\_\_\_

**Location where patient records are maintained** (if different from facility address). If electronic, identify any service provider. \_\_\_\_\_

\_\_\_\_\_

**How are records kept?**

*Check all that apply:*

☐ Electronically

☐ Paper

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained. \_\_\_\_\_

Does the debtor have a privacy policy about that information?

- ☐ No
- ☐ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
--------------	--

\_\_\_\_\_ EIN: \_\_\_\_\_ - \_\_\_\_\_

Has the plan been terminated?

- ☐ No
- ☐ Yes

Debtor Precision Piping and Mechanical, Inc.  
NameCase number (if known) 17-70785-BHL-7**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<div> <div>Name</div> <div>Street</div> <div>City State ZIP Code</div> </div>	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	<div> <div>Name</div> <div>Street</div> <div>City State ZIP Code</div> </div>	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<div> <div>Name</div> <div>Street</div> <div>City State ZIP Code</div> </div>	<div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<div>Address</div> <div>_____</div> <div>_____</div>			

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<div> <div>Name</div> <div>Street</div> <div>City State ZIP Code</div> </div>	<div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<div>Address</div> <div>_____</div> <div>_____</div>			

Debtor Precision Piping and Mechanical, Inc.  
NameCase number (if known) 17-70785-BHL-7**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Description of the property	Value
<u>Vincennes Water Utilities</u> Name <u>403 Busseron St.</u> Street	<u>Check deposited in GAB account</u>	<u>Check recd. by debtor 7/25/17</u> <u>regarding the Vincennes WWTF</u> <u>bonded job</u>	<u>\$ Unknown</u>
<u>Vincennes</u> <u>IN</u> <u>47591</u> City                      State                      ZIP Code		See Attachment 6	

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium)
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No  
☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
<u>Case number</u>	<u>Name</u> <u>Street</u> <u>City</u> <u>State</u> <u>ZIP Code</u>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
<u>Name</u> <u>Street</u> <u>City</u> <u>State</u> <u>ZIP Code</u>	<u>Name</u> <u>Street</u> <u>City</u> <u>State</u> <u>ZIP Code</u>		

Debtor Precision Piping and Mechanical, Inc.  
NameCase number (if known) 17-70785-BHL-7**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____		
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.	Name _____ Street _____ _____	_____ _____ _____	EIN: ____ - ____ - ____  Dates business existed  From _____ To _____
25.2.	Name _____ Street _____ _____	_____ _____ _____	EIN: ____ - ____ - ____  Dates business existed  From _____ To _____
25.3.	Name _____ Street _____ _____	_____ _____ _____	EIN: ____ - ____ - ____  Dates business existed  From _____ To _____

Debtor Precision Piping and Mechanical, Inc.  
NameCase number (if known) 17-70785-BHL-7**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Dates of service**

26a.1. David G. Papariella, CPA  
Name  
Harding Shymanski & Co., PSC  
Street  
P.O. Box 3677  
Evansville IN 47735  
City State ZIP Code

From 12/31/2007 To \_\_\_\_\_**Name and address****Dates of service**

26a.2. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None**Name and address****Dates of service**

26b.1. David G. Papariella, CPA  
Name  
Harding Shymanski & Co., PSC  
Street  
P.O. Box 3677  
Evansville IN 47735  
City State ZIP Code

From 12/31/2007 To \_\_\_\_\_**Name and address****Dates of service**

26b.2. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are unavailable, explain why**

26c.1. Scott P. Jones  
Name  
1405 Cheshire Bridge Rd.  
Street  
\_\_\_\_\_  
Evansville IN 47710  
City State ZIP Code

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debtor Precision Piping and Mechanical, Inc.  
NameCase number (if known) 17-70785-BHL-7**Name and address****If any books of account and records are unavailable, explain why**

26c.2. Bradley M. Smith  
Name  
1514 Ashmore Dr.  
Street  
Evansville IN 47725  
City State ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

**Name and address**

26d.2. First Federal Savings Bank  
Name  
P.O. Box 1111  
Street  
Evansville IN 47706  
City State ZIP Code

**Name and address**

26d.2. Garrett-Stotz Company  
Name  
1601 Alliant Ave.  
Street  
Louisville KY 40299  
City State ZIP Code

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No  
☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

\_\_\_\_\_  
\$ \_\_\_\_\_

**Name and address of the person who has possession of inventory records**

27.1. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State ZIP Code



Debtor Precision Piping and Mechanical, Inc.  
NameCase number (if known) 17-70785-BHL-7

Name of the person who supervised the taking of the inventory

Date of  
inventoryThe dollar amount and basis (cost, market, or  
other basis) of each inventory

\$ \_\_\_\_\_

Name and address of the person who has possession of inventory records

27.2.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Scott P. Jones	1405 Cheshire Bridge Rd., Evansville, IN 47710	President - Shareholder	83.39
Bradley M. Smith	1514 Ashmore Dr., Evansville, IN 47725	Vice President - Shareholder	16.61
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. <u>Scott P. Jones</u> Name <u>1405 Cheshire Bridge Rd.</u> Street  <u>Evansville</u> <u>IN</u> <u>47710</u> City State ZIP Code	<u>\$130,000.00</u>	<u>Annually</u>	<u>Salary</u>
Relationship to debtor <u>President-Shareholder</u>			

Debtor Precision Piping and Mechanical, Inc.  
NameCase number (if known) 17-70785-BHL-7**Name and address of recipient**\$149,974.00AnnuallySalaryBradley M. Smith

Name

1514 Ashmore Dr.

Street

Evansville

in

47725

City

State

ZIP Code

**Relationship to debtor**Vice President-Shareholder

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.**Name of the parent corporation****Employer Identification number of the parent corporation**

EIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.**Name of the pension fund****Employer Identification number of the pension fund**

EIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/16/2017  
MM / DD / YYYY

**X**/s/Scott P. JonesPrinted name Scott P. Jones

Signature of individual signing on behalf of the debtor

Position or relationship to debtor PresidentAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?☐ No☒ Yes

Attachment 1/7

Debtor: Precision Piping and Mechanical, Inc.

Case No:

Attachment 1 Additional Payments or Transfers to Creditors:

Creditor's Name: Utility Supply Company  
Creditor's Address: 6310 S. Harding St., Indianapolis, IN 46217  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Graybar  
Creditor's Address: P.O. Box 504490, St. Louis, MO 63150-4490  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Ferguson Enterprises, Inc. #20  
Creditor's Address: P.O. Box 100286, Atlanta, GA 30384-0286  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Irving Materials, Inc. Louisville  
Creditor's Address: 1440 Selinda Ave., Louisville, KY 40213-1954  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Powers Welding  
Creditor's Address: P.O. Box 6975, Evansville, IN 47719  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Capital Electric, Inc.  
Creditor's Address: 315 S. Tekoppel Ave., Evansville, IN 47712  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: David Enterprises, Inc.  
Creditor's Address: 4301 Hogue Rd., Evansville, IN 47712  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: United Rentals Exchange, LLC  
Creditor's Address: P.O. Box 840514, Dallas, TX 75284-0514  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Metro Properties, LLC  
Creditor's Address: Attn: Jerry A. Lamb, Jr., P.O. Box 72, Evansville, IN 47701  
Reasons for Payment or Transfer: Lease of business premises

Creditor's Name: Hannan Supply Company  
Creditor's Address: P.O. Box 270, Paducah, KY 42002-0270  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Mulzer Crushed Stone, Inc.  
Creditor's Address: P.O. Box 249, Tell City, IN 47586  
Reasons for Payment or Transfer: Suppliers or vendors

Attachment 2/7

Debtor: Precision Piping and Mechanical, Inc. Case No:

Creditor's Name: Snyder Construction Co.  
Creditor's Address: 150 Heth Washington Rd. SE, Corydon, IN 47112  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Edwards Concrete Construction & Pumping  
Creditor's Address: 1550 Yokel Rd., Evansville, IN 47711  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Midwest Roofing-Sheet Metal  
Creditor's Address: 1208 N. Harlan Ave., Evansville, IN 47711  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: MacAllister Rental & Supply  
Creditor's Address: Dept. 78731, P.O. Box 78000, Detroit, MI 48278-0731  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Goedecke Company  
Creditor's Address: 812 E. Taylor Ave., St. Louis, MO 63147  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Hamlin Rental  
Creditor's Address: 6010 E. Maxwell Ave., Evansville, IN 47715  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Tri-State Painting Co., Inc.  
Creditor's Address: 2217 St. Joseph Industrial Park, Evansville, IN 47720  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Imperial Fastener & Industrial Supply  
Creditor's Address: 2145 Bergdolt Rd., Evansville, IN 47711  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Apex Masonry, Inc.  
Creditor's Address: 6515 E. State Road 42, Terre Haute, IN 47803  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Brian's Concrete Supplies  
Creditor's Address: P.O. Box 6892, Evansville, IN 47719  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Lehman Roofing  
Creditor's Address: 2005 Allens Ln., Evansville, IN 47720  
Reasons for Payment or Transfer: Suppliers or vendors

Attachment 3/7

Debtor: Precision Piping and Mechanical, Inc.

Case No:

Creditor's Name: O'Neal Steel  
Creditor's Address: 1323 Burch Dr., Evansville, IN 47725  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Deere Credit, Inc.  
Creditor's Address: 6400 N.W. 86th St., Johnston, IA 50131  
Reasons for Payment or Transfer: Secured debt

Creditor's Name: Indianapolis Stage Sales & Rentals  
Creditor's Address: 905 Massachusetts Ave., Indianapolis, IN 46202  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Harding Shymanski & Co.  
Creditor's Address: P.O. Box 3677, Evansville, IN 47735-3677  
Reasons for Payment or Transfer: Services

Creditor's Name: S & M Precast, Inc.  
Creditor's Address: 7515 Old Highway 111, Memphis, TN 47143  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Airgas Evansville  
Creditor's Address: 3879 N. St. Joseph Ave., Evansville, IN 47720  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: CED Superior/Evans Supply  
Creditor's Address: P.O. Box 221229, Louisville, KY 40252-1229  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Lowe's Customer Care  
Creditor's Address: P.O. Box 1111, North Wilkesboro, North Carolina 28656  
Reasons for Payment or Transfer: Revolving charge account

Creditor's Name: KM Specialty Pumps, Inc.  
Creditor's Address: P.O. Box 99, Chandler, IN 47610  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Yager Material, LLC  
Creditor's Address: P.O. Box 2000, Owensboro, KY 42302-2000  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Hamricks Towing & Recovery  
Creditor's Address: 1277 Maxwell Ave., Evansville, IN 47711  
Reasons for Payment or Transfer: Services

Attachment 4/7

Debtor: Precision Piping and Mechanical, Inc.

Case No:

Creditor's Name: Plumbers Supply Company  
Creditor's Address: 1817 W. Michigan St., Evansville, IN 47712  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Hydromax USA, LLC  
Creditor's Address: P.O. Box 70, Chandler, IN 47610  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Kahn, Dees, Donovan & Kahn, LLP  
Creditor's Address: P.O. Box 3646, Evansville, Indiana 47735-3646  
Reasons for Payment or Transfer: Services

Creditor's Name: S & K Air Power  
Creditor's Address: Dept. 4830, P.O. Box 87618, Chicago, IL 60680-0618  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: First Federal Savings Bank  
Creditor's Address: P.O. Box 1111, Evansville, IN 47706  
Reasons for Payment or Transfer: Secured debt

Creditor's Name: 11S  
Creditor's Address: 600 Corporate Park Dr., St. Louis, MO 63105

Creditor's Name: Erb Equipment Company  
Creditor's Address: 9800 Indiana 57, Evansville, IN 47725  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Simms Painting Co., Inc.  
Creditor's Address: P.O. Box 2629, Evansville, IN 47728-0629  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Sterett Crane & Rigging  
Creditor's Address: 34 Booth Field Rd., Owensboro, KY 42301  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Evapco, Inc.  
Creditor's Address: 5151 Allendale Ln., Taneytown, MD 21787  
Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Engineered Air  
Creditor's Address: 32050 W. 83rd St., Desoto, KS 66018  
Reasons for Payment or Transfer: Suppliers or vendors

Attachment 5/7

Debtor: Precision Piping and Mechanical, Inc. Case No:

Creditor's Name: MoFab, Inc.

Creditor's Address: 1415 Fairview St., Anderson, IN 46016

Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Marsh USA, Inc.

Creditor's Address: Chase Tower, 111 Monument Circle, 43rd Fl., Indianapolis, IN 46204

Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Xylem, Inc.

Creditor's Address: 1 International Dr., Rye Brook, NY 10573

Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: City of LaVergne

Creditor's Address: 5093 Murfreesboro Rd., LaVergne, TN 37086

Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Fiberglass Fabricators, Inc.

Creditor's Address: P.O. Box 17068, Smithfield, RI 02917

Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Allied Steel Buildings

Creditor's Address: 6451 N. Federal Hwy., Ste. 1202, Fort Lauderdale, FL 33308

Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Air Equipment Company

Creditor's Address: P.O. Box 3185, Louisville, KY 40201

Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Tyco SimplexGrinnell

Creditor's Address: 50 Technology Dr., Westminister, MA 01441

Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Overhead Door Company of Vincennes

Creditor's Address: 1026 Main St., Vincennes, IN 47591

Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: M & M Manufacturing, Inc.

Creditor's Address: 4001 Mark IV Pkwy., Fort Worth, TX 76106

Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Lockwood International, Inc.

Creditor's Address: 10203 Wallisville Rd., Houston, TX 77013

Reasons for Payment or Transfer: Suppliers or vendors

Attachment 6/7

Debtor: Precision Piping and Mechanical, Inc.

Case No:

Creditor's Name: Murphy Excavating, LLC

Creditor's Address: 8470 Mulligan Rd., Owensboro, KY 42301

Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Straeffer Pump & Supply, Inc.

Creditor's Address: P.O. Box 99, Chandler, IN 47610

Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Wesco

Creditor's Address: 225 W. Station Square Dr., Ste. 700, Pittsburgh, PA 15219

Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: First Bankcard

Creditor's Address: c/o First Natl. Bank of Omaha, P.O. Box 2340, Omaha, NE 68103Any liability

Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Architectural Sales

Creditor's Address: P.O. Box 965, Evansville, IN 47706

Reasons for Payment or Transfer: Suppliers or vendors

Creditor's Name: Randy's Tree Service, Inc.

Creditor's Address: 818 Hermitage Rd., Evansville, IN 47725

Reasons for Payment or Transfer: Suppliers or vendors

Attachment 2 Additional Losses:

Description of Property Lost: Vehicle

Description of How the Loss Occurred: Vehicle struck tire tread on highway

Amount of Payments Received for the Loss: \$2,222.41

Date of Loss: 8/12/16

Value of Property Lost: Unknown

Attachment 3

47712-7868

Attachment 4

Transferee Name: DeBra-Kuempel, Inc.

Transferee Address: 1833 Taylor Ave., Louisville, KY 40213

Relationship to Debtor: None

Description of Property Transferred, Payments Received, or Debts Paid in Exchange:

Miscellaneous equipment

Date of Transfer: 7/31/2017

Total Amount or Value: \$500,000.00



Attachment 7/7

Debtor: Precision Piping and Mechanical, Inc. Case No:

Transferee Name: Gary Murphy Excavating, LLC  
Transferee Address: (Murphy Excavating, LLC), 8470 Mulligan Rd., Owensboro, KY 42301  
Relationship to Debtor: None  
Description of Property Transferred, Payments Received, or Debts Paid in Exchange:  
Taylor fork truck  
Date of Transfer: 7/26/2017  
Total Amount or Value: \$45,000.00

Transferee Name: Premier Electric, Inc.  
Transferee Address: 1274 Maxwell Ave., Evansville, IN 47711  
Relationship to Debtor: None  
Description of Property Transferred, Payments Received, or Debts Paid in Exchange:  
Tools, equipment & supplies at Harlan Ave., except for forktruck  
Date of Transfer: 7/30/2017  
Total Amount or Value: \$11,300.00

Attachment 5 Additional Previous Addresses:

Transferee Address: 9201 Oak Hill Rd., Evansville, IN 47725  
Dates of Occupancy: From May 1, 2017 to August 2, 2017

Attachment 6

Owner's Name: The Bank of New York  
Property Location: Check deposited in GAB account  
Property Description: Check recd. by debtor 7/31/17 regarding the Town of Newburgh bonded job  
Value: \$92,860.00

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**SOUTHERN DISTRICT OF INDIANA**  
**EVANSVILLE DIVISION**

**In re****Precision Piping and Mechanical, Inc.**Case No. 17-70785-BHL-7**Debtor**Chapter 7**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 5,000.00Prior to the filing of this statement I have received ..... \$ 5,000.00Balance Due ..... \$ 0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify) **Funds are on hand in IOLTA account**

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

**Billing at a rate of \$250.00 hourly, plus costs advanced or billed back**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**August 16, 2017**

*Date*

**/s/R. Stephen LaPlante**

*Signature of Attorney*

**KEATING & LaPLANTE, LLP**

*Name of law firm*

A & T Concrete Supply, Inc.  
P.O. Box 23  
Fort Branch, IN 47648

Al Septic, Inc.  
P.O. Box 2088  
Henderson, KY 42419-2088

ABC Cutting Contractors, Inc.  
5230 Commerce Circle  
Indianapolis, IN 46237

Active Energy Services, LLC  
4705 Chapel Hill Rd.  
Southside, TN 37171

Advance Auto Parts  
P.O. Box 742063  
Atlanta, GA 30374-2063

Advanced Disposal Services  
P.O. Box 74008047  
Chicago, IL 60674-8047

Air Equipment Company  
P.O. Box 3185  
Louisville, KY 40201

Airgas Evansville  
3879 N. St. Joseph Ave.  
Evansville, IN 47720

Airgas Evansville  
P.O. Box 532609  
Atlanta, GA 30353-2609

Allied Steel Buildings  
6451 N. Federal Hwy., Ste.  
1202  
Fort Lauderdale, FL 33308

Alt & Witzig Engineering  
4105 W. 99th St.  
Carmel, IN 46032

Altstadt Plumbing Service,  
Inc.  
P.O. Box 6422  
Evansville, IN 47719-0422

American Heritage Life  
Insurance Co  
P.O. Box 650514  
Dallas, TX 75265-0514

Apex Masonry, Inc.  
6515 E. State Road 42  
Terre Haute, IN 47803

Apprentice & Training Fund  
Office  
P.O. Box 1179  
Henderson, KY 42419-1179

Aramark Uniform Services  
1112 Florence St.  
Evansville, IN 47710

Aramark Uniform Services  
AUCA Chicago MC Lockbox  
25259 Network Place  
Chicago, IL 60673-1252

Architectural Sales  
P.O. Box 965  
Evansville, IN 47706

Auto Glass Specialties, Inc.  
1922 W. Delaware St.  
Evansville, IN 47712

Auto Wheel & Rim Co.  
P.O. Box 4220  
Evansville, IN 47724

Automated Building Concepts  
P.O. Box 3372  
Paducah, KY 42002-3372

B. L. Anderson Company, Inc.  
4801 Tazer Dr.  
Lafayette, IN 47905

BBC Pumps & Equipment Co.,  
Inc.  
P.O. Box 22098  
Indianapolis, IN 46222

Bradley M. Smith  
1514 Ashmore Dr.  
Evansville, IN 47725

Bradley M. Smith  
1514 Ashmore Dr.  
Evansville, IN 47725

Bradley M. Smith and Traci  
Smith  
1514 Ashmore Dr.  
Evansville, IN 47725

Brian's Concrete Supplies  
P.O. Box 6892  
Evansville, IN 47719

C.I.A.P.I.  
P.O. box 1587  
Terre Haute, IN 47808

CAP of Central Indiana  
P.O. Box 2488  
Indianapolis, IN 46206-  
2488

Capital Electric, Inc.  
315 S. Tekoppel Ave.  
Evansville, IN 47712

Capitol Drilling & Sawing of  
Kentuc  
4700 Bardstown Rd.  
Elizabethtown, KY 42701

Cash Waggnner & Associates  
402 E. 13th St., Ste. 101  
Jasper, IN 47546

Castlen Steel, LLC  
7549 Iceland Rd.  
Maceo, KY 42355

CED Superior/Evans Supply  
P.O. Box 221229  
Louisville, KY 40252-1229

Center Heights Lumber Co.,  
Inc.  
5812 Stringtown Rd.  
Evansville, IN 47711

Central Pension Fund  
Fund Office  
P.O. Box 1179  
Henderson, KY 42419-1179

Ceres Solutions  
P.O. Box 432  
Crawfordsville, IN 47933-0432

Cintas  
P.O. Box 630921  
Cincinnati, OH 45263-0921

City of LaVergne  
5093 Murfreesboro Rd.  
LaVergne, TN 37086

Commonwealth of Kentucky  
Division of Unemployment  
Insurance  
P.O. Box 452  
Frankfort, KY 40602-0452

Commonwealth of Kentucky  
Div. of Unemployment  
Insurance  
P.O. Box 452  
Frankfort, KY 40602

Complete Payment Recovery  
Services,  
3500 5th St.  
Northport, AL 35476

Complete Payment Recovery  
Services,  
3500 5th St.  
Northport, AL 435476

Contractor's Choice, Inc.  
2070 Schappelle Ln.  
Cincinnati, OH 45240

Cornerstone Boring  
2950 Little Cypress Rd.  
Calvert City, KY 42029

CT Corporation System  
150 W. Market St., Ste. 800  
Indianapolis, IN 46204

D Patrick Body Shop  
7813 Baungart Rd.  
47725, IN

David Enterprises, Inc.  
4301 Hogue Rd.  
Evansville, IN 47712

Deere Credit, Inc.  
6400 N.W. 86th St.  
Johnston, IA 50131

Donald J. Fuchs, Esq.  
One Main St., Ste. 600  
Evansville, IN 47708

Donald J. Fuchs, Esq.  
One Main St., Ste. 600  
Evansville, IN 47708

Dr. Vinyl of S.W. Indiana  
8200 Sharon Rd.  
Newburgh, IN 47630

EBN Construction &  
Industrial Suppl  
1701 E. Columbia St.  
Evansville, IN 47711

Educational Fund  
2911 W. Parrish Ave.  
Owensboro, KY 42301

Edwards Concrete Construction  
& Pum  
1550 Yokel Rd.  
Evansville, IN 47711

Electrical Worker Vacation  
Old National Bank  
P.O. Box 3606  
Evansville, IN 47735-3606

Engineered Air  
32050 W. 83rd St.  
Desoto, KS 66018

Engineered Air  
c/o Commerce Bank  
20 N.W. 4th St.  
Evansville, IN 47708

Enterprise Fleet  
Management, Inc.  
600 Corporate Park Dr.  
St. Louis, MO 63105

EPIC Trust Fund  
IBEW #16  
9001 N. Kentucky Ave.  
Evansville, IN 47725

Erb Equipment Company  
9800 Indiana 57  
Evansville, IN 47725

Erosion Resources & Supply  
900 N. Baker Rd.  
Boonville, IN 47601

Euler Hermes Collections North  
Amer  
800 Red Brook Blvd., Ste. 400C  
Owings Mills, MD 21117

Evansville Water & Sewer  
Utility  
1 N.W. Martin Luther King Jr.  
Blvd.  
Evansville, IN 47708

Evapar  
9000 N. Kentucky Ave.  
Evansville, IN 47725-1396

Evapco, Inc.  
5151 Allendale Ln.  
Taneytown, MD 21787

Evolve Technology Partners  
5444 E. Indiana St. #322  
Evansville, IN 47715

Fastenal Company  
P.O. Box 978  
Winona, MN 55987

Ferguson Enterprises, Inc. #20  
  
P.O. Box 100286  
Atlanta, GA 30384-0286

Fiberglass Fabricators, Inc.  
P.O. Box 17068  
Smithfield, RI 02917

Fifth Third Bank, Agent  
P.O. Box 5089  
Evansville, IN 47716

First Bankcard  
c/o First Natl. Bank of Omaha  
P.O. Box 2340  
Omaha, NE 68103Any liability

First Federal Savings Bank  
P.O. Box 1111  
Evansville, IN 47706

First Federal Savings Bank  
P.O. Box 1111  
Evansville, IN 47706

First Federal Savings Bank  
P.O. Box 1111  
Evansville, IN 47706

Forterra  
200 42nd Ave. N.  
Nashville, TN 37209

Frontier  
P.O. Box 20550  
Rochester, KY 14602-0550

G.T. Repairs  
6920 Staubs Ln.  
Evansville, IN 47720

Galloway Electric Supply  
1414 S. Green St.  
Henderson, KY 42420

General Rentals Corp.  
400 N. Congress Ave.  
Evansville, IN 47715

General Rubber & Plastics Co.  
P.O. Box 4510 Station A  
Evansville, IN 47711

Gibbs Die Casting  
369 Community Dr.  
Henderson, KY 42420

Goedecke Company  
812 E. Taylor Ave.  
St. Louis, MO 63147

Graber Crane Service  
151 N. 350 E.  
Washington, IN 47501

Graybar  
P.O. Box 504490  
St. Louis, MO 63150-4490

Green River Area Federal  
Vacation - Savings  
3000 E. 4th St.  
Owensboro, KY 42393

Gribbins Insulation Company  
1400 E. Columbia St.  
Evansville, IN 47711

Hamlin Rental  
6010 E. Maxwell Ave.  
Evansville, IN 47715

Hamricks Towing & Recovery  
1277 Maxwell Ave.  
Evansville, IN 47711

Hannan Supply Company  
P.O. Box 270  
Paducah, KY 42002-0270

Harding Shymanski & Co.  
P.O. Box 3677  
Evansville, IN 47735-3677

Hardy Brake & Electric  
company  
P.O. Box 6441 Station B  
Evansville, IN 47710

Hardy Brake & Electric Company  
112-116 N. Fulton Ave.  
Evansville, IN 47719-0441

Hart Bell, LLC  
P.O. Box 979  
Vincennes, IN 47591

Hazelwood Towing &  
Recovery  
2621 Sunset Ln.  
Henderson, KY 42420

Health & Welfare Fund  
P.O. Box 1179  
Henderson, KY 42419-1179

Henderson County Board of  
Education  
1805 Second St.  
Henderson, KY 42420

Hi-Tech Sheet Metal, Inc.  
115 W. Jefferson Ave.  
Chandler, IN 47610

Hobbs & Associates, Inc.  
P.O. Box 12909  
Norfolk, VA 23541

Home City Ice Company  
P.O. Box 111116  
Cincinnati, OH 45211

Hydromax USA, LLC  
P.O. Box 70  
Chandler, IN 47610

IBEW Local 1701  
2911 W. Parrish Ave.  
Owensboro, KY 42301

IBEW Local 1701 PAC Fund  
2911 W. Parrish Ave.  
Owensboro, KY 42301

Illini Drilled  
Foundations, Inc.  
P.O. Box 1351  
Danville, IL 61834

Imperial Fastener & Industrial  
Supp  
2145 Bergdolt Rd.  
Evansville, IN 47711

Imperial Fastener & Industrial  
Supp  
P.O. Box 714549  
Cincinnati, OH 45271-4549

Indiana Combo Fund #561  
P.O. Box 1587  
Terre Haute, IN 47808

Indiana Department of Revenue  
100 North Senate Avenue, Room  
N203-  
Indianapolis, IN 46204

Indiana Dept. of Workforce  
Developm  
c/o IDWD Legal Support  
Indiana Government Center  
South  
10 N. Senate Ave., SE105  
Indianapolis Stage Sales &  
Rentals  
905 Massachusetts Ave.  
Indianapolis, IN 46202

Indiana Gratings, Inc.  
P.O. Box 1762  
Martinsville, IN 46151

Indiana Kentucky Carpenters  
Fringe Benefits  
2690 Solution Center  
Chicago, IL 60677-2066

Infrastructure Systems,  
Inc.  
P.O. Box 148  
Orleans, IN 47452

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Iron Workers Local 103  
P.O. Box 798344  
St. Louis, MO 63179-8000

Iron Workers Local 103  
Assessment PAC  
5313 Old Boonville Hwy.  
Evansville, IN 47715

Iron Workers Local 103  
Vacation  
c/o Cynthiana State Bank  
11201 Upper Mt. Vernon Rd.  
Evansville, IN 47712

Iron Workers St. Louis  
District  
Council Trust Funds  
P.O. Box 1096  
Maryland Heights, MO 63043

Irving Materials, Inc.  
Louisville  
1440 Selinda Ave.  
Louisville, KY 40213-1954

ISCP & CM Health & Welfare  
Fund  
Healthscope Benefits  
P.O. Box 50440  
Indianapolis, IN 46250

IUOE Local #841  
P.O. Box 2157  
Terre Haute, IN 47802

IUOE Local #841 PAC  
P.O. Box 2157  
Terre Haute, IN 47802

IUOE Local 841 Apprentice &  
Trainin  
P.O. Box 146  
Universal, IN 47884

IUOE Local 841 Savings  
Qualified Savings Plan  
P.O. Box 10185  
Terre Haute, IN 47801

IW Local 103  
c/o Diamond Valley FCU  
840 Diamond Ave.  
Evansville, IN 47711

J & J Supply, Inc.  
900 N. Baker Rd.  
Boonville, IN 47601

J. I. Hass Co., Inc.  
P.O. Box 1635  
Owensboro, KY 42302-1635

J. Murray Blue Surplus  
1600 S. Green St.  
Henderson, KY 42420

JATC Buildng Fund  
2911 W. Parrish Ave.  
Owensboro, KY 42301

JATC Trust Fund  
Electrical JATC  
1321 Edgar St.  
Evansville, IN 47710

Jones and Sons, Inc.  
P.O. Box 2357  
Washington, IN 47501

JS Electric, LLC  
P.O. Box 304  
Clarksville, TN 37041

Kahn, Dees, Donovan & Kahn,  
LLP  
P.O. Box 3646  
Evansville, IN 47735-3646

Kentucky Laborers Health &  
Welfare  
Contributions/Dues  
1996 Bypass S.  
Lawrenceburg, KY 40342

Kentucky State Treasurer  
Kentucky Dept. of Revenue  
Frankfort, KY 40620-0003

Kight Home Center  
P.O. Box 5085  
Evansville, IN 47716-5085

King Mechanical Specialty  
P.O. Box 67  
Newburgh, IN 47629-0067

Kip A. Staub Co., LLC  
6001 Petersburg Rd.  
Evansville, IN 47711-1819

Kirby Risk Corporation  
27561 Network Place  
Chicago, IL 60673-1275

KM Specialty Pumps, Inc.  
P.O. Box 99  
Chandler, IN 47610

Konecranes, Inc.  
P.O. Box 641807  
Pittsburgh, PA 15264-1807

Koorsen Fire & Security  
4725 Hitch Peters Rd.  
Evansville, IN 47711

Koorsen Fire & Security  
2719 N. Arlington Ave.  
Indianapolis, IN 46218-  
3322

Laborer's National Pension  
Fund LB-  
P.O. Box 803415  
Dallas, TX 75380

Lehman Roofing  
2005 Allens Ln.  
Evansville, IN 47720

Lensing Building  
Specialties  
P.O. Box 965  
Evansville, IN 47706

Lensing Tool & Supply  
P.O. Box 3049  
Evansville, IN 47730

Lin-Gas, Inc.  
P.O. Box 237  
Evansville, IN 47702-0237

LIUNA Local 561 PAC  
951 North Park Dr.  
Evansville, IN 47710

LO #136/MCA Joint Apprentice  
Traini  
4301 N. St. Joseph Ave.  
Evansville, IN 47720



Local #16 IBEW  
Business Manager  
9001 N. Kentucky Ave.  
Evansville, IN 47711

Local #633 Education Fund  
3128 Alvey Park Dr. W.  
Owensboro, KY 42303

Local 181  
Fund Office  
P.O. Box 1179  
Henderson, KY 42419

Local 572 Working Assessment  
225 Ben Allen Rd., Ste. 102  
Nashville, TN 37207

Local LMCC  
5675 E. Hulman Dr.  
Terre Haute, IN 47803

Local Union 1701 LMCC  
2911 W. Parrish Ave.  
Owensboro, KY 42301

Lochmueller Group  
6200 Vogel Rd.  
Evansville, IN 47715

Lockwood International,  
Inc.  
10203 Wallisville Rd.  
Houston, TX 77013

Lowe's  
P.O. Box 530943  
Atlanta, GA 30353-0954

Lowe's Customer Care  
P.O. Box 1111  
North Wilkesboro, NC 28656

LU 275 Supplemental  
Pension Fund  
c/o Health Scope Benefits  
P.O. Box 50440  
Indianapolis, IN 46250-  
0440

LU 572 Apprenticeship Fund  
225 Bemnn allen Rd., Ste. 102  
Nashville, TN 37207

LU 572 Promotional Fund  
225 Ben Allen Rd., Ste. 102  
Nashville, TN 37207

Ludwig Crane Service  
7840 Three School Rd.  
Evansville, IN 47720

M & M Manufacturing, Inc.  
4001 Mark IV Pkwy.  
Fort Worth, TX 76106

M.I.A.P., Inc.  
P.O. Box 210  
Mt. Vernon, IN 47620

MacAllister Rental &  
Supply  
Dept. 78731  
P.O. Box 78000  
Detroit, MI 48278-0731

Manion Stigger, LLP  
20 N.W. First St., Ste. 200  
Evansville, IN 47708

Marsh USA, Inc.  
Chase Tower  
111 Monument Circle, 43rd Fl.  
Indianapolis, IN 46204

Marshal Safety, Inc.  
4720 N. Spring St.  
Evansville, IN 47711

McMaster Carr  
P.O. Box 7690  
Chicago, IL 60680-7690

Mechanical Automated Control  
1838 Elm Hill Pike, Ste. 127  
Nashville, TN 37210

Meisler Trailer Rentals  
P.O. Box 3357  
Evansville, IN 47732

Melchiors' Trailer Sales  
1423 S Green River Rd.  
Evansville, IN 47715

Menard's  
P.O. Box 5219  
Carol Stream, IL 60197-5219

Menard's, Inc.  
5101 Mernard Dr.  
Eau Claire, WI 54703-9604

Metro Properties, LLC  
Attn: Jerry A. Lamb, Jr.  
P.O. Box 72  
Evansville, IN 47701

Metro Properties, LLC  
Attn: Jerry A. Lamb, Jr.  
640 Salem Ct.  
Evansville, IN 47715

Meyer & Meyer, LLP  
100 E. Veterans Blvd.  
Owensboro, KY 42303

Michael J. Weber, Esq.  
227 W. Monroe St., Ste. 3850  
Chicago, IL 60606

Mid America Fire & Safety, LLC  
4001 N. St. Joseph Ave.  
Evansville, IN 47720

Mid Central Operating  
Engineers  
Fringe Benefit Funds  
P.O. Box 9605  
Terre Haute, IN 47808-9605

Midwest Mechanical Services,  
Inc.  
2161 Commercial Ct.  
Evansville, IN 47720

Midwest Roofing-Sheet Metal  
1208 N. Harlan Ave.  
Evansville, IN 47711

Milam Builders  
1155 Whispering Heights  
Clarksville, TN 37043

Modern Supply Company, Inc.  
P.O. Box 1450  
Owensboro, KY 42301-1450

Modern Welding Co. of  
Owensboro  
P.O. Box 1450  
Owensboro, KY 42302-1450

MoFab, Inc.  
1415 Fairview St.  
Anderson, IN 46016

Moore Metal Works, LLC  
3712 Upper Mt. Vernon Rd.  
Evansville, IN 47712-7868

Mounts Electric, Inc.  
P.O. Box 3273  
Evansville, IN 47731

MSC Industrial Supply  
P.O. Box 953635  
St. Louis, MO 63195-3635

MSC Industrial Supply  
75 Maxess Rd.  
Melville, NY 11747

Mulzer Crushed Stone, Inc.  
P.O. Box 249  
Tell City, IN 47586

Murphy Excavating, LLC  
8470 Mulligan Rd.  
Owensboro, KY 42301

National Cert. Pipe Weld Bur  
P.O. Box 20425  
Indianapolis, IN 46220

National Electrical Benefit FU  
c/o NECA  
8900 Keystone Crossing, Ste.  
1000  
Indianapolis, IN 46204

National LMCC  
c/o NECA  
8900 Keystone Crossing,  
Ste. 1000  
Indianapolis, IN 46240

Natl Board of Boiler and  
Pressure  
Vessel Inspectors  
1055 Crupper Ave.  
Columbus, OH 43229-1183

NEC Financial Services, LLC  
250 Pehle Ave., Ste. 704  
Saddle Brook, NJ 08663

NECA - IBEW Pension Fund  
2120 Hubbard Ave.  
Decatur, IL 62526

NECA Benefits Board No. 21  
Southern Indiana Chapter  
P.O. Box 3075  
Evansville, IN 47730-3075

NECA IBEW Local 1701  
Pension Trust Benefit  
P.O. Box 3895  
Evansville, IN 47737-3895

NECA-IBEW Welfare Trust  
2120 Hubbard Ave.  
Decatur, IL 625262899

NEEMA, LLC  
10707 Coach Light Dr.  
Evansville, IN 47725

NEEMA, LLC  
P.O. Box 180  
Inglefield, IN 47618

Nichols Electric Supply,  
Inc.  
P.O. Box 5516  
Evansville, IN 47716-5516

Norkan, Inc.  
25200 Easy St.  
Warren, MI 48089

Ohio Valley Insulation Co.,  
Inc.  
4241 Hogue Rd.  
Evansville, IN 47712

Old National Bank Vacation  
Attn: Josh Davis  
P.O. Box 11010  
Evansville, IN 47701

On Time Fab, Inc.  
3021 Medley Rd.  
Owensboro, KY 42301

O'Neal Steel  
1323 Burch Dr.  
Evansville, IN 47725

O'Neal Steel  
P.O. Box 934243  
Atlanta, GA 31193-4243

O'Neal Steel, Inc.  
P.O. Box 480  
Shelbyville, IN 46176

Overhead Crane & Conveyor  
P.O. Box 1145  
Fairview, TN 37062

Overhead Door Company of  
Vincennes  
1026 Main St.  
Vincennes, IN 47591

Owensboro Supply Co., Inc.  
P.O. Box 2029  
Owensboro, KY 42303-2029

P & I Supply Co. Evansville  
2220 N. Fares Ave.  
Evansville, IN 47711

Park Machine & Supply Co.  
426 First St.  
Henderson, KY 42420

Patriot Engineering &  
Environmental  
601 E. Sycamore St., Ste. B  
Evansville, IN 47713

Patriot Engineering &  
Environmental  
6150 E. 75th St.  
Indianapolis, IN 46250

Pipe Trades Industry  
Health & Welfa  
P.O. Box 3040  
Terre Haute, IN 47803

Pipefitters Local 633  
3128 Alvey Park Dr. W.  
Owensboro, KY 42303

Plumbers & Pipefitters LU 572  
Health and Welfare Fund  
225 Ben Allen Rd., Ste. 101  
Nashville, TN 37207

Plumbers & Pipefitters LU  
572  
Pension Fund  
225 Ben Allen Rd., Ste.  
101  
Nashville, TN 37207

Plumbers and Steamfitters  
Local 136  
2300 St. Joseph Industrial  
Park Dr.  
Evansville, IN 47720

Plumbers and Steamfitters  
Local 184  
Working Assessments  
1332 Broadway St.  
Paducah, KY 42001

Plumbers and Steamfitters  
Local 633  
2628 Solution Center  
Chicago, IL 60677-2006

Plumbers Supply Company  
1817 W. Michigan St.  
Evansville, IN 47712

Plumbers Supply Company  
P.O. Box 634623  
Cincinnati, OH 45263-4623

Powers Welding  
P.O. Box 6975  
Evansville, IN 47719

PPMI Properties, LLC  
Attn: Lawrence J.  
Muensterman, Reg  
9909 Strueh Hendricks Rd.  
Evansville, IN 47712

PPNPF Contribution Fund  
P.O. Box 79972  
Baltimore, MD 21279-0972

Precision Controls  
5610 W. 82nd St.  
Indianapolis, IN 46278

Professional Concrete Cutting  
15896 E. 650 N.  
Hope, IN 47246

Raben Tire Company, Inc.  
P.O. Box 4835  
Station A  
Evansville, IN 47724-0835

Railworks Track Systems,  
Inc.  
39545 Treasury Center  
Chicago, IL 60694-9500

Randy's Tree Service, Inc.  
818 Hermitage Rd.  
Evansville, IN 47725

Red-D-Arc, Inc.  
P.O. Box 532618  
Atlanta, GA 30353-2618

Regional Water Resource  
Agency  
2101 Grimes Ave.  
Owensboro, KY 42303

Reis Tire Sales  
P.O. Box 6354  
Evansville, IN 47710

Riney & Craig Enterprises,  
Inc.  
d/b/a First Avenue Car Wash  
P.O. Box 4188  
Evansville, IN 47724

Roadsafe Traffic Systems  
3122 Olympia Dr.  
Lafayette, IN 47909

S & K Air Power  
Dept. 4830  
P.O. Box 87618  
Chicago, IL 60680-0618

S & M Precast, Inc.  
7515 Old Highway 111  
Memphis, TN 47143

Scaffold King Rentals,  
Inc.  
302 S. Jefferson St.  
Rockville, IN 47872

Schrecker Supply Company  
P.O. Box 1913  
Owensboro, KY 42302-1913

Scott P. Jones  
1405 Cheshire Bridge Rd.  
Evansville, IN 47710

Scott P. Jones  
1405 Cheshire Bridge Rd.  
Evansville, IN 47710

Scott P. Jones and Narda A.  
Jones  
1405 Cheshire Bridge Rd.  
Evansville, IN 47710

Scott P. Jones and Narda A.  
Jones  
1405 Cheshire Bridge Rd.  
Evansville, IN 47710

Sherwin-Williams  
632 E. Diamond Ave.  
Evansville, IN 47711-3718

SIDC of Work Assess  
Laborers Work Dues  
P.O. Box 1587  
Terre Haute, IN 47808

Simms Painting Co., Inc.  
P.O. Box 2629  
Evansville, IN 47728-0629

Smith, Cashion & Orr  
231 Thir Ave. North  
Nashville, TN 37201

Snyder Construction Co.  
150 Heth Washington Rd. SE  
Corydon, IN 47112

Southern Indiana Chapter NECA  
P.O. Box 3075  
Evansville, IN 47730-3075

Southern Indiana Employee  
Benefits  
NEBF  
P.O. Box 3075  
Evansville, IN 47730-3075

Stagg Safety Equipment, Inc.  
163 S. Third Ave.  
Evansville, IN 47708

Sterett Crane & Rigging  
34 Booth Field Rd.  
Owensboro, KY 42301

Straefffer Pump & Supply,  
Inc.  
P.O. Box 99  
Chandler, IN 47610

Sugar Steel Corporation  
5401 Highway 41 North  
Evansville, IN 47711

Sugar Steel Corporation  
15382 Collections Center Dr.  
Chicago, IL 60693-0129

Sunbelt Rentals  
1015 E. Columbia St.  
Evansville, IN 47711

Sunbelt Rentals  
P.O. Box 409211  
Atlanta, GA 30384-9211

Sunbelt Rentals  
1275 W. Mound St.  
Columbus, OH 43223

Superior Ag  
P.O. Box 420  
Huntingburg, IN 47542

Superior Ag Co-op Evansville  
5015 N. St. Joseph Ave.  
Evansville, IN 47720

SWIBT Drug Fund  
P.O. Box 1221  
Evansville, IN 47706

Synenergy  
P.O. Box 545  
Mt. Vernon, IN 47620-0545

Tekoppel Block Company  
1701 W. Ohio St.  
Evansville, IN 47712

The Hanover Insurance Group  
440 Lincoln St.  
Worcester, MA 01653

The Hanover Insurance  
Group  
440 Lincoln St.  
Worcester, MA 01653

The Hanover Insurance Group  
440 Lincoln St.  
Worcester, MA 01653

The Macomb Group  
6802 Loehrlein Dr.  
Evansville, IN 47715

The Macomb Group  
Dept. 166401  
P.O. Box 67000  
Detroit, MI 48267

The Vernon Corporation  
P.O. Box 246  
Boonville, IN 47601

T-Mobile Bankruptcy Team  
P.O. Box 53410  
Bellevue, WA 98015-3410

Town of Newburgh  
P.O. Box 100  
Newburgh, IN 47629

Transportation Safety &  
Compliance C  
7424 Ridan Way  
Louisville, KY 40214

Transportation Safety &  
Compliance  
4212 Tamm Ct.  
Louisville, KY 40272

Trifecta Steel  
P.O. Box 22873  
Owensboro, KY 42304

Tri-State Painting Co., Inc.  
2217 St. Joseph Industrial  
Park  
Evansville, IN 47720

TSF Company, Inc.  
2930 St. Phillips Rd.  
Evansville, IN 47712

Tyco SimplexGrinnell  
50 Technology Dr.  
Westminster, MA 01441

Tyco SimplexGrinnell  
2225 N. Burkhardt Rd., Ste. A  
Evansville, IN 47715

U.S. Bank Equipment Finance  
1310 Madrid St.  
Marshall, MN 56258

UA LU 136 Multi-Employer  
Pension  
Attn: Josh Davies  
P.O. Box 11010  
Evansville, IN 47701

UA LU 633 Health and Welfare  
Trust  
P.O. Box 643348  
Cincinnati, OH 45264-3348

UAPEF/Local 184 PAC Fund  
Banterra Bank  
P.O. Box 7746  
Paducah, KY 42002-7746

Union Dues/MRF  
225 Ben Allen Rd., Ste.  
102  
Nashville, TN 37207

United Leasing, Inc.  
3700 Morgan Ave.  
Evansville, IN 47715

United Rentals Exchange, LLC  
P.O. Box 840514  
Dallas, TX 75284-0514

UPS  
P.O. Box 1067  
Scranton, PA 18577-0067

Utility Pipe Sales Co.  
P.O. Box 627  
Evansville, IN 47704

Utility Supply Company  
6310 S. Harding St.  
Indianapolis, IN 46217

Valley Electric Supply  
Corp.  
P.O. Box 724  
Vincennes, IN 47591

Van Ausdall & Farrar, Inc.  
6430 E. 75th St.  
Indianapolis, IN 46250

Vandco Equipment  
2126 Glenview Dr.  
Evansville, IN 47720

Vectren Energy Delivery  
P.O. Box 209  
Evansville, IN 47702-0209

Verification Services  
P.O. Box 4047  
Evansville, IN 47724

Vessell Trim Shop  
955 E. Riverside Dr.  
Evansville, IN 47713

Vincennes Industrial  
Rental a  
aka Vincenens Industrial  
Supply, In  
102 Executive Blvd.  
Vincennes, IN 47591

Vincennes Water Utilities  
403 Busseron St.  
Vincennes, IN 47591

Waller Masonry  
1742 Bearwallow Rd.  
Ashland City, TN 37015

Wayne Wilkens Trucking,  
LLC  
1288 E. Elkhorn Rd.  
Vincennes, IN 47591

Wesco  
225 W. Station Square Dr.,  
Ste. 700  
Pittsburgh, PA 15219

West Metal Sales  
3712 Upper Mt. Vernon Rd.  
Evansville, IN 47712

Westco  
401 S. 3rd Ave.  
Evansville, IN 47708

WEX Bank  
P.O. Box 6293  
Carol Stream, IL 60197-6293

Whayne Supply Company  
2420 Lynch Rd.  
Evansville, IN 47711

Whayne Supply Company  
Dept. 8326  
Carol Stream, IL 60122-  
8326

Whipps, Inc.  
P.O. Box 1058  
Athol, MA 01331

Winsupply of Owensboro  
2110 Grimes Ave.  
Owensboro, KY 42303

WOW! Business  
6045 Wedeking Ave.  
Evansville, IN 47715

Wright Steel & Service, Inc.  
1413 W. Florida St.  
Evansville, IN 47710

Xylem Evansville  
(Godwin/Flygt)  
9745 Hedden Rd.  
Evansville, IN 47725

Xylem, Inc.  
1 International Dr.  
Rye Brook, NY 10573

Yager Material, LLC  
P.O. Box 2000  
Owensboro, KY 42302-2000

ZERMA  
340 Commerce Dr., Unit B  
Crystal Lake, IL 60014

Zielke Law Firm PLLC  
1250 Meidinger Tower  
462 S. Fourth Ave.  
Louisville, KY 40202-3465

UNITED STATES BANKRUPTCY COURT  
Southern District of Indiana  
Evansville Division

In re: **Precision Piping and Mechanical, Inc.**

Debtors

Case No. **17-70785-BHL-7**

Chapter **7**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **August 16, 2017**

Signed: **/s/Scott P. Jones**

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: **/s/R. Stephen LaPlante**

**R. Stephen LaPlante**  
**Attorney for Debtor(s)**  
**Bar no.: 8687-82**  
**101 N.W. First Street, Suite 116, P.O. Box**  
**3556**  
**Evansville, Indiana 47734-3556**  
**Telephone No: (812) 463-6093**  
**Fax No: (812) 463-6094**